

L10000129892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

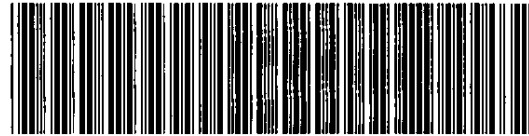
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700188254587

12/06/10--01027--026 **160.00

FILED

10 DEC 21 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 21 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HFIVE REAL ESTATE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE NOBILE, ESQ.
Name of Person

NOBILE LAW FIRM, P.A.
Firm/Company

777 BRICKELL AVENUE, SUITE 1114
Address

MIAMI, FLORIDA 33131
City/State and Zip Code

diane@dnobilelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE NOBILE, ESQ.

Name of Person

at (

305

) 577-0000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

10 DEC 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HFIVE REAL ESTATE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**C/O PREMIER MANAGEMENT GROUP, LLC
800 WEST AVENUE, SUITE 201
MIAMI BEACH, FLORIDA 33139****Mailing Address:****C/O PREMIER MANAGEMENT GROUP, LLC
P.O. BOX 398818
MIAMI BEACH, FLORIDA 33139****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

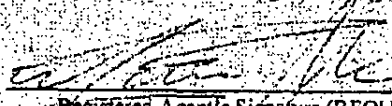
C/O PREMIER MANAGEMENT GROUP, LLC

Name

800 WEST AVENUE, SUITE 201Florida street address (P.O. Box **NOT** acceptable)**MIAMI BEACH, FL 33139**

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
10 DEC 21 AM 11:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

OSCAR FELIX HELOU

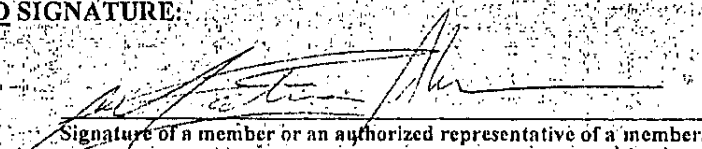
TOCUMAN 141 4°

1049 - BUENOS AIRES - ARGENTINA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

C/O PREMIER MANAGEMENT GROUP

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
10 DEC 21 AM 11:15
STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2010

DIANE NOBILE, ESQ.
777 BRICKELL AVENUE
SUITE 1114
MIAMI, FL 33131

SUBJECT: HFIVE REAL ESTATE LLC
Ref. Number: W10000056689

We have received your document for HFIVE REAL ESTATE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 410A000283

10 DEC 21 AM 11:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED