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SECRETARY OF STATE

COVER LETTER

	tion Section of Corporations		
_{SURJECT} : Ha	ll's River Investmer	nts, LLC.	
		ited Liability Company	
The enclosed Artic	cles of Organization and fee(s) are	e submitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
Rober	t Mino		
		Name of Person	
Hall's	River Investments,	LLC.	
		Firm/Company	
11 SW	/ 24th St.		
		Address	
Gaines	/ille, FL 32607		
	Ci	ity/State and Zip Code	
rpmino@	Dyahoo.com		
	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter, pleas	se call:	
Robert Mino		at (352) 476-8517	
ľ	lame of Person	Area Code & Daytime Telep	phone Number
Enclosed is a che	ck for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Hall's River Investments, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
(Must end with the words "Limited Li	lability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Hall's River Investments, LLC. 11 SW 24th St.	Hall's River Investments, LLC.		
Gainesville, FL 32607	Gainesville, FL 32607		
Robert Mino, Esq.	me		
11 SW 24th St.			
Florida street	address (P.O. Box NOT acceptable)		
Gainesville	_{FL} 32607		
City,	State, and Zip		
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S		
Registered Agent's Sig	nature (REQUIRED)		

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Robert Mino
	11 SW 24th St.
	Gainesville, FL 32607
	·
<u> </u>	
(Use attachment if necessary)	
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
	ist be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	\mathcal{I}_{\bullet}

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.)

Robert Mino

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)

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