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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filina Officer	
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Office Use Only

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D. BRUCE DEC 20 2011 EXAMINER

COVER LETTER

Division of	Corporations						
_{suвјест:} Hen	schtal Properties, l	LLC	,				
		ed Liability Comp	pany				
The enclosed Article	s of Organization and fee(s) are	submitted for filin	ng.		·		
Please return all corr	espondence concerning this mat	ter to the followin	ıg:				
<u>Darin B</u>	rown_						
		Name of Person					
		Firm/Company	<u></u> .	_			
1220 €	outh East 14th Tarr	·					
1220 30	outh East 14th Terr	Address					
		Addiess					
Ocala, Fl					279 II M	33	7
ocalocris	сіі @gmail.com	y/State and Zip Co	de		ÄRY	9	<u></u>
<u>Ocalactis</u> (E-mail address: (to be used	for future annual re	port notification)		الير الم. <u>دي دي</u>	3	- T
For further informati	on concerning this matter, pleas	e call:		•	STATI	ĕ ii Ğ ii	
Cristal Brown		_at (_352	208-2535		A	+-	
Na	me of Person	Area Coo	de & Daytime Tele	phone Number	ŗ		
Enclosed is a check	c for the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Fil Certified C (additional co		\$160.00 F Certificate Certified ((additional c	e of Stati Copy	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 E:	Courier Address ation Section no f Corporations Building xecutive Center Casee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Henschtal Properties, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1220 South East 14th Terrace Ocala, FL 34471	1220 South East 14th Terrace Ocala, FL 34471
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Darin Brown	AAR PR
Name	AS:
1220 South East	14th Terrace
Florida street add	ress (P.O. Box NOT acceptable)
Ocala, FL 34471	FL SRI
City, Sta	te, and Zip
Having been named as registered agent and to a liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as

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 Agents Signature (REQUIRED)

(¢øntinued)

Page 1 of 2

TEFECTIVE DATE 12/15/1/

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
Mon			
MGRM	Darin Brown		
	1220 South East 14th Terrace		
	Ocala, FL 34471		
MGRM	Cristal Brown		
	1220 South East 14th Terrace		
	Ocala, FL 34471		4
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>Dec. 15, 2011</u>. (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 h s.817.155, F.S.)

Darin Brown

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)