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SECRE LARY OF STATE
ALL AHASSEE FLORID.

B. BOSTICK
MAY 1 8 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Havercade LLC, a F	Florida limited liability company	
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:	
Gregory R. Cohen		
	Name of Person	-
Cohon Norria Walmer	Pay Tolonman & Cohon	
Corieri, Norris, Wolfner	, Ray, Telepman & Cohen Firm/Company	-
	Fittin/Company	
712 US Highway One, S	Suite 400	
	Address	
North Palm Beach, Florida	33408	
North Faint Beach, Florida	City/State and Zip Code	-
gra@faahanlayy.com	City/State and Elp Code	
grc@fcohenlaw.com E-mail address: (to be	used for future annual report notification)	_
·		
For further information concerning this matter, p	please call:	>
Gregory R. Cohen	at (561 844-3600 Area Code & Daytime Telephone Number	11
Name of Person	Area Code & Daytime Telephone Number	J (
	To a	pa
Enclosed is a check for the following amount	nt:	5
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu	& \$155.00 Filing Fee &\$160.00 Filing Fee, ₩) }

Mailing Address

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

Street/Courier Address

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Havercade LLC, a Florida limited liability company

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
801 S. Olive, #1605 West Palm Beach, Florida 33401	801 S. Olive, #1605 West Palm Beach, Florida 3	3401	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:		.
Gregory R. Cohen			o Kar
Name			< 1 f
712 US Highway (One, Suite 400	SS -	
· Florida street add	ress (P.O. Box NOT acceptable)		
North Palm Beach	_{FL} 33408	L STA	• <u> </u>
City, Sta	te, and Zip	F STATE FLORIDA)
· · · · · · · · · · · · · · · · · · ·		_	

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)

Page 1 of 2

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

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

MGR		K. Sloane	
		801 S. Olive, #1605	
	West Palm Beach, Florida 33401		
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			<u> 양</u>
			E, FILONIO
·			黑红
			1071
•			<u>5</u> .7
(Use attachment if no	ecessary)		
LE V: Effective date	, if other than the	date of filing: (OF	TIONAI
ffective date is listed,	the date must b	e specific and cannot be more than five busin	iess days
days after the date	of filing.)		

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.)

Gregory R. Cohen

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)