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NAME:

HF ATLANTA, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

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# COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: HF ATLANTA, LLC	ited Liability Company	
	1 7631106 324 211831	ned tratoring Company	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this ma	tter to the following:	
	Charas I. Ossa	•	
	Sharon K. Gray	Name of Person	
	Tried Drofonnianal Carrie	!! 0	
	Trìad Professional Service	ES, LLC Firm/Company	
	4700 M/m - Loon - LO		
	1720 Windward Concours	e, Ste. 390	
		Mark	
/	Alpharetta, GA 30005	ny/State and Zip Code	
	sgray@triadpros.com	tyratate and zap Code	
•	F-mail address; (to be used	for luture annual report notification)	
For fun	ther information concerning this matter, pleas	se call:	
Share	on K. Gray	770 777-2091	
	Name of Person	at ( 770) 777-2091 Area Code & Daytime Telep	ohone Number
12	adding about Contract College Contract		
	ed is a check for the following amount:	[7]	<b>3</b>
\$125,00	Filing Fee Section 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 C Tallahassee, FL 32301	irele

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HF ATLANTA, LLC

(Must end with the words "Lamited 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:

Mailing Address:

200 N. Denning Drive, Ste. 5

Winter Park, FL 32789

200 N. Denning Drive, Ste. 5

Winter Park, FL 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The United 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:

NRAI Services, Inc.

Name

# 515 East Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

El. 32301 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 camply 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 registified agent as provided for in Chapter 608, F.S.,

Registered Agent's Signature (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:

MGR	Thedford Management Company, LLC
	200 N. Denning Drive, Ste. 5 Winter Park, FL 32789
<del> </del>	·
(Use attachment if necessary)	
LTS 57. CSSS material disease 54° meterometerior at	he date of filing: (OPTION

### 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.)

# Richard A. Bruner, Jr., Authorized Person

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)