

L12000118977

(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



000238965740

09/18/12--01001--015 **130.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 17 PM 4:39

RECEIVED

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 17 AM 9:42

APPROVED
AND
FILED

D. BRUCE

SEP 18 2012

EXAMINER

EFFECTIVE DATE 09/17/12

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 09/17/12

REF. #: 000672.172963

CORP. NAME: H2 FL/GA MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 101026 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

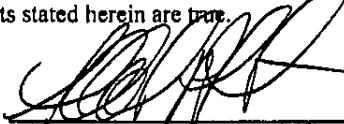
APPROVED
AND
FILED
12 SEP 17 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
H² FL/GA MANAGEMENT, LLC**

1. Name. The name of this limited liability company is H² FL/GA Management, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.
2. Duration. The Company shall exist effective as of September 17, 2012 and the Company's existence shall be perpetual.
3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.
4. Place of Principal Office. The mailing and street address of the Company's principal office is 100 N. Tampa Street, Suite 2700, Tampa, Florida 33602.
5. Registered Agent and Office. The name of the initial registered agent of the Company is F & L Corp. The street address of the initial registered agent of the Company is One Independent Drive, Suite 1300, Jacksonville, Florida 32202.
6. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 17th day of September, 2012.

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



ALBERT P. SILVA
Authorized Representative of Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 17 AM 9:42

APPROVED
AND
FILED

EFFECTIVE DATE 09/17/12

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L CORP

By: 

Albert P. Silva, Vice President

Dated: September 17, 2012

APPROVED
AND
FILED

12 SEP 17 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA