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Florida Department of State

Division of Corporations
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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA, TALLAHASSEE, FLORIDA

2013 FEB - 6 AM 11: 41 13 FEB - 6 AM 11: 32

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____**FLORIDA LIMITED LIABILITY CO.****bal property management, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FEB - 7 2013

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAL PROPERTY MANAGEMENT, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

4814 Sawgrass Breeze Drive
Palm Beach Gardens, FL 33418

Mailing Address:

4814 Sawgrass Breeze Drive
Palm Beach Gardens, FL 33418

STATE OF FLORIDA
SUPERVISORY STATE
PACIFIC ASSIST, FLORIDA

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

(The Limited 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:

Lisa Lewis

Name

4814 Sawgrass Breeze Drive

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

Palm Beach Gardens, FL 33418

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 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.



Lisa M. Lewis

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:

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Les Loups

4814 Sawgrass Breeze Drive
Palm Beach Gardens, FL 33418

SEVENTY-FIVE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Lee M. Lewis
Signature of a person having an interest in the publication of a newspaper

Signature of a member or an authorized representative of a member

(In accordance with section 605.408(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.)

Lisa Lewis

Typed or printed name of signer

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