

L13000019660

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

58791

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000028898 3)))



H130000288983ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

hal property management, llc

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

FEB - 7 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

RECEIVED

2013 FEB - 6 AM 11:41  
13 FEB - 6 AM 11:32SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

H130000028898

**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," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4814 Sawgrass Breeze Drive  
Palm Beach Gardens, FL 33418

**Mailing Address:**

4814 Sawgrass Breeze Drive  
Palm Beach Gardens, FL 33418

**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

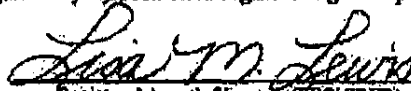
4814 Sawgrass Breeze Drive

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
2013 FEB -6 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H130000028898

H130000028898

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

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

**Title:**

"MGR" = Manager

"MORM" = Managing Member

**Name and Address:**

MGR

Lisa Lewis

4814 Sawgrass Breeze Drive  
Palm Beach Gardens, FL 33418

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**



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.)

Lisa Lewis

Typed or printed name of signer

FILED

2013 FEB -6 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H130000028898