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FILED 2013 FEB -7 AM 9: 56

FEB - 8 2013 J. BRYAL



ACCOUNT NO. : 12000000195	
REFERENCE : 523952 4310774	
AUTHORIZATION: Spelle Remains	٠ .
COST LIMIT: \$ 125	
ORDER DATE : February 6, 2013	
ORDER TIME : 4:19 PM	
ORDER NO. : 523952-005	75. 20
CUSTOMER NO: 4310774	ECHEL 13 FEB
DOMESTIC FILING NAME: HAMLET J110, LLC	T AM 9: 56 FIGURE STATE ASSEE, FLORIDA
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Harry B. Davis - EXT. 2926	
EXAMINER'S INTITALS:	

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: HAMLET J110, LLC		
		ited Liability Company	
The en	closed Articles of Organization and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this ma	atter to the following:	
	MARTIN D. HAUPTMAN, ESQ.		7013 TAI
		Name of Person	FER
	HAUPTMAN & RICHMOND, P.A.		33 1
		Firm/Company	Eng =
	100 EXECUTIVE DRIVE, SUITE 3	30	AM 9:56 EE. FLORID
•		Address	756 776
	WEST ORANGE, NJ 07052		7 2
	C	City/State and Zip Code	
	mdh@hrlawfirm.com	for future annual report notification)	
For fu	ther information concerning this matter, plea		
T'OJ IUI	their information concerning this matter, pres	se can.	
MAR	TIN D. HAUPTMAN, ESQ.	at (973) 731-1100 Area Code & Daytime Teleph	N
	Name of Person	Area Code & Daytime Teleph	one mumber
Enclo	sed is a check for the following amount:	,	
₹]\$ 125.00	Filing Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	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 Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY GOMPZNY
ARTICLE I - Name:	LEG FE
The name of the Limited Liability Compar	ny is:
,	SSE
HAMLET J110, LLC	Eg Z
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ADMYCY E II A LU.	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
The manning address and street address of t	the principal office of the climica classifity Company is.
Principal Office Address:	Mailing Address:
1215 I CRYSTAL WAY	Same
DELRAY BEACH, FL 33344	
business entity with an active Florida registration.) The name and the Florida street address of Corporation Service Co	
1201 Hays Street	
	eet address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
Ci	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as Corporation Service Copporation Service Service Copporation Service Service Service Service Service Service Service Service Service S	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my futies, and I am familiar with and registered agent as provided for in Chapter 608, F.S Company Harry B. Davis Asst. Vice President

(CONTINUED)

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

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

"MGRM" = Managing Member	0. 1. D.T. i. II	2013 FEB
MGRM .	Stephen B. Leitzell 1215 I Crystal Way Delray Beach, FL 33344	SEE OF THE
		SEE FLORIDE
		y
(Use attachment if necessary)	<u> </u>	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: e specific and cannot be more tha	. (OPTIONAL) n five business days pri
days after the date of filling.)		

(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

Many authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

MARTIN D. HAUPTMAN, ESQ.

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)