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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2013

KIM GARNER 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317

SUBJECT: HELP FLORIDA, LLC Ref. Number: W13000018351



We have received your document for HELP FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P00000032468.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 313A00007489

COVER LETTER

TO;	Registration Section
	Division of Corporations

SUBJECT: H3LP Florida LC

The enclosed Articles of Organization and fee(s) are submitted for filing,

Please return all correspondence concerning this matter to the following:

Name of Person

Mainline

Firm/Company

1700 Summit Lake Drive

Address

Tallahassee, FL 32317

City/State and Zip Code

kim.garner@mainline.com

E-mail address: (to be used for future annual report notification)

Por further information concerning this matter, please call:

Kim Garner

,,850 <u>,</u>21

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company. "L.L.C.," or "LI.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Principal Office Address: Mailing Address: 457 West Virginia Street 2073 Summit Lake Drive Suite # 155 Tallahassee, FL 32301 Tallahassee, FL 32317	principal office of the Limited Liability Company is: Mailing Address: 2073 Summit Lake Drive Suite # 155 Tallahassee, FL 32317 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or ariother	,	43LP FLORIDA LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Principal Office Address: 457 West Virginia Street Tallahassee, FL 32301 Mailing Address: 2073 Summit Lake Drive Suite # 155 Tallahassee, FL 32317	principal office of the Limited Liability Company is: Mailing Address: 2073 Summit Lake Drive Suite # 195 Tallahassee, FL 32317 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or ariother			
The mailing address and street address of the principal office of the Limited Liability Principal Office Address: Mailing Address: 457 West Virginia Street 2073 Summit Lake Drive Suite # 185 Tallahassee, FL 32301 Tallahassee, FL 32317	Mailing Address: 2073 Summit Lake Drive Suite # 185 Tallahassee, FL 32317 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or ariother		billion billion beautiful company. Editor, of the city	
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	ed Office, & Registered Agent's Signature: pistered Agent. You must designate an individual or ariother			
The name and the Florida street address of the registered agent are:	e registered agent are:	ARTICLE III - Registered The Limited Liability Company cann	Tallahassee, FL 32317 Agent, Registered Office, & Registered Agent's office of the service as its own Registered Agent. You must designate an individual office.	s Signature:
		ARTICLE III - Registered The Limited Liability Company cann business entity with an active Florida The name and the Florida str	Agent, Registered Office, & Registered Agent's of serve as its own Registered Agent. You must designate an individual registration.)	29 PH
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Claude R. Walker Name		ARTICLE III - Registered The Limited Liability Company cann business entity with an active Florida The name and the Florida str	Agent, Registered Office, & Registered Agent's of serve as its own Registered Agent. You must designate an individual registration.) eet address of the registered agent are: Walker	29 PH
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Name 2073 Summit Lake Drive Suite # 155	ne # 155 address (P.O. Box <u>NOT</u> acceptable)	ARTICLE III - Registered The Limited Liability Company canr business entity with an active Florid The name and the Florida str Claude R. 2073 Sum	Agent, Registered Office, & Registered Agent's of serve as its own Registered Agent. You must designate an individual registration.) eet address of the registered agent are: Walker Name nit Lake Drive Suite # 155 Florida street address (P.O. Box NOT acceptable)	29 PH
Claude D. Malkor		ARTICLE III - Registered (The Limited Liability Company cannot business entity with an active Florida Str	Agent, Registered Office, & Registered Agent's of serve as its own Registered Agent. You must designate an individual registration.)	29 PH
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Name 2073 Summit Lake Drive Suite # 155 Florida street address (P.O. Box NOT acceptable) Tallahassee, Fl. 32317	ne # 155 address (P.O. Box <u>NOT</u> acceptable)	ARTICLE III - Registered The Limited Liability Company canr business entity with an active Florid The name and the Florida str Claude R. 2073 Sum	Agent, Registered Office, & Registered Agent's of serve as its own Registered Agent. You must designate an individual registration.) eet address of the registered agent are: Walker Name nit Lake Drive Suite # 155 Florida street address (P.O. Box NOT acceptable)	29 PH

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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	nber
MGR	Summit Hoblings V, LLC
	2073 Summit Lake Orive Suite # 155
	Tallahassee, FL 32317
	·
(Use attachment if necessary	y)
,	•
CLE V: Effective date, if othe effective date is listed, the door 90 days after the date of	er than the date of filing: March 29, 2013 . (OPTIONAL date must be specific and cannot be more than five business f filing.)
	_
<u>REQUIRED</u> SIGNATURE	Ľ:
_	
	M111-1-1

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.)

> Çlauda R. Walker 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)

Page 2 of 2