L13000058438

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04/19/13--01033--028 **125.00



APR 2 2 2013 D. BRUCE

COVER LETTER

Division of C					
SUBJECT:	HAHNER VE	NTURES	V, LL	С	
	Name of Limit	ted Liability Compar	ny		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corres	pondence concerning this matt	ter to the following:			
	Cra	ig Hahne	r		
		Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	16151	, ,	. Ni		
	10101	122 Drive	} IN.		
		Address			
		er, FL 334	·78		
		ty/State and Zip Code	1		
	E-mail address: (to be used	c@comcast.		•	
For further information	concerning this matter, please	•	t nouncation)	Z SE	2013
_	-			E CO	APR 19
Craig I	Hahner	$_{at}$ 954	275-9	9901 蒙蒙	$\frac{2}{19}$
Name	of Person	Area Code &	& Daytime Telep	bhone Number	3 17
Enclosed is a check to	For the following amount:			STATE	- C
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	any is:
HAHNER VE	ENTURES V, LLC
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16151 122 Drive N., Jupiter, FL 33478	16151 122 Drive n., Jupiter, FL 33478
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.) Cra 16151 Florida st	aig Hainner Name 122 Drive N. treet address (P.O. Box NOT acceptable)
Jupiter, FL	City, State, and Zip
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and contains and accept the obligations of my position.	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of omplete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE <u>04/15/2013</u>

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

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

	= Manager	Name and Address:
	" = Managing Mer	mber
MGR	 	Craig Hahner
		16151 122 Drive N. Jupiter, FL 33478
		Jupiler, FL 33476
		*** ***** ******** *******************
		MERCHANIST AND
 		
~ · · · · ·		
(Use atta	chment if necessar	y)
•		
LEV: E	ffective date, if oth	er than the date of filing: April 15, 2013
LE V: E	ffective date, if oth	er than the date of filing: April 15, 2013 . (OPTIONAL date must be specific and cannot be more than five business
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LE V: E fective o	ffective date, if oth late is listed, the ys after the date on the late of the signature of	er than the date of filing: April 15, 2013 . (OPTIONAL date must be specific and cannot be more than five business of filing.) E: Of a member or an authorized representative of a member.
LE V: E fective o	ffective date, if oth late is listed, the ys after the date of the date of the signature. (In accordance with constitutes an affirm	date must be specific and cannot be more than five business of filing.) E: Optional (OPTIONAL April 15, 2013 (OPTIONAL April 15, 2013 (OPTIONAL April 15, 2013 (OPTIONAL April 15, 2013 (OPTIONAL APRIL AP
LE V: E fective o	ffective date, if oth late is listed, the ys after the date of the date of the signature. Signature of the date o	date must be specific and cannot be more than five busines of filing.) E: Section 608.408(3), Florida Statutes, the execution of this document of false information submitted in a document to the Department of state.
LE V: E fective o	ffective date, if oth late is listed, the ys after the date of the date of the signature. Signature of the date o	date must be specific and cannot be more than five business of filing.) E: Section 608.408(3), Florida Statutes, the execution of this document of false information submitted in a document to the Department of state.

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)