

413000/36938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900251249439

09/06/13--01009--024 **160.00

W.D. 49158

13 SEP 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Bureau SEP. 27 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.T. HALL HOLDINGS LLC.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ALLISON A. HALL

Name of Person

A.T.HALL HOLDINGS LLC.

Firm/Company

116 NW 118TH DRIVE

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

hallathold@gmail.com

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

For further information concerning this matter, please call:

ALLISON A. HALL

Name of Person

at (**954**) **242-5692**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2013

ALLISON A. HALL
116 NW 118TH DRIVE
CORAL SPRINGS, FL 33071

SUBJECT: A.T. HALLHOLDINGS LLC.
Ref. Number: W13000049658

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

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 813A00021143

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.T.HALLHOLDINGS 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 is:

Principal Office Address:

Mailing Address:

116 NW 118TH DRIVE
CORAL SPRINGS, FL, 33071

116 NW 118TH DRIVE
CORAL SPRINGS, FL, 33071

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.)

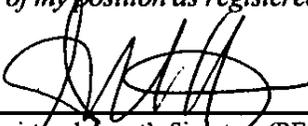
The name and the Florida street address of the registered agent are:

ALLISON A. HALL
Name

116 NW 118TH DRIVE
Florida street address (P.O. Box **NOT** acceptable)
CORAL SPRINGS, FL, 33071
City, State, and Zip

FILED
13 SEP 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

ALLISON A. HALL *MGR*

9701 NW 58TH COURT
POMPANO, FL, 33076

TARA P. HALL *MGRM*

116 NW 118TH DRIVE
CORAL SPRINGS FL, 33071

13 SEP 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept 10, 2013 (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.)

ALLISON A. HALL

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)