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(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GO 2 HALE 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:	
REID R. HALE Name of Person	
Name of Person	
GO 2 HALE LLC	
Firm/Company	
210 PENNOCK TRACE DR. Address	
Address	
JUPITER, FL 33458 City/State and Zip Code	2014 JAN 22
· · · · · · · · · · · · · · · · · · ·	
GOZ HALEREID & GMAIL. COM E-mail address: (to be used for future annual report notification)	2
For further information concerning this matter, please call:	[]
REID R. HALE at (484) 832-1436 Name of Person Area Code Daytime Telephone Number	M 1: 04
Name of Person Area Code Daytime Telephone Number	ber to
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Status &
Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability (Company is:				
6	0 2 1	HALE	LLC			
C	Must end with the words	"Limited Liabil	ty Company, "L.L.C"	or "LLC.")		
ARTICLE II - A The mailing addi	Address: ress and street addr	ess of the pr	incipal office of th	ne Limited Lia	bility Company	y is:
Principal Office	Address:		Mailing Addres	<u>is:</u>		
210 PENN JURITER	OCK TRACE FL 334	DR 1 58	210 PEN JUPITER,	NOCK TRK , FL 334	<u>E</u> Da,	
(The Limited Liability business entity with a	Registered Agent. Company cannot serve a in active Florida registrat e Florida street add	ns its own Regist tion.)	ered Agent. You must de	esignate an individ	Signature ual or another 22	was projection of the projecti
	Registered A	aents Inc			## H: 04	۴.* اد.
		Name			<u> </u>	
	3030 N. Ro	ocky Poir	nt Dr. STE 1	50A		
	Tampa	orida street add	ress (P.O. Box <u>NOT</u> : _{FL} 33607	acceptable)		
		City, Sta	te, and Zip			
liability comp registered agent statutes relatin	med as registered a any at the place de and agree to act in g to the proper and bligations of my pos	signated in the this capacity complete pe	his certificate, I her I further agree to rformance of my di	reby accept the comply with t uties, and I am	appointment a the provisions of familiar with a	s of all nd
			Da	n Keen-Pre	esident	
	Registered A	Agent's Signat	are (REQUIRED)			

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	REID R. HALE 210 PENNOCK TR. DR JUPITER, FL 33458
E.V. Effective data if other than the de	te of filing: (OPTIONAL)
ective date is listed, the date must be s of filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 da
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation I am aware that any false	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document authorized representative of a member are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State