

Division of Corporations

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L14000019108

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000022653 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BELOFF, PARKER, JACOBS, PLC.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JDB@BELOFFPARKER.COM

FLORIDA LIMITED LIABILITY CO.**HP 166, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED**14 FEB -3 PM 4:39****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****SECRETARY OF STATE
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FEB 04 2014**D. BRUCE**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HP 168, 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:16588 N.W. 2nd Ave.16588 N.W. 2nd Ave.2nd Floor2nd FloorNorth Miami Beach, Florida 33180North Miami Beach, Florida 33180

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:

JONATHAN D. BELOFF

Name

1661 MICHIGAN AVENUE - SUITE 320Florida street address (P.O. Box NOT acceptable)MIAMI BEACH,

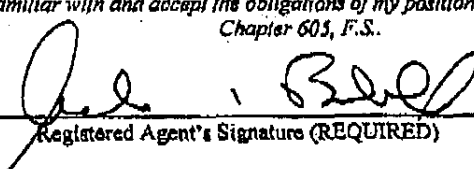
FL

33139

City

Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

PETER J. RICHMAN

18888 N.W. 2nd Ave., 2nd Floor

North Miami Beach, 33168

MANAGER

HARVEY M. RICHMAN

18888 N.W. 2nd Ave., 2nd Floor

North Miami Beach, 33168

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

PETER J. RICHMAN

Typed or printed name of signer

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)

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2014 FEB -3 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(((H14000022653 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HP 100, 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:18585 N.W. 2nd Ave.18585 N.W. 2nd Ave.2nd Floor2nd FloorNorth Miami Beach, Florida 33162North Miami Beach, Florida 33162

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:

JONATHAN D. BELOFF

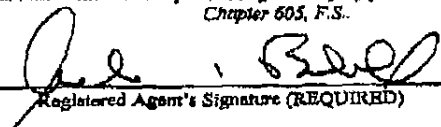
Name

1891 MICHIGAN AVENUE - SUITE 520Florida street address (P.O. Box NOT acceptable)MIAMI BEACH,FL 33139

City

Zip

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 605, F.S.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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 CLERK OF STATE
 TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Names

The name of the Limited Liability Company is:

NP 100, 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:

10005 N.W. 2nd Ave.

10005 N.W. 2nd Ave.

2nd Floor

2nd Floor

North Miami Beach, Florida 33169

North Miami Beach, Florida 33169

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:

JONATHAN D. BELOFF

Name

1001 MICHIGAN AVENUE - SUITE 320

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH,

FL 33139

City

Zip

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
 "AMBR" = Authorized Member
 "MGR" = Manager
MANAGER

Name and Address:

PETER J. RICHMAN
10005 N.W. 2nd Ave., 2nd Floor
North Miami Beach, 33160

MANAGER

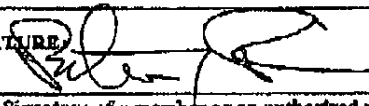
HARVEY M. RICHMAN
10005 N.W. 2nd Ave., 2nd Floor
North Miami Beach, 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE


 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.4203 (1) (b), 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, P.S.)

PETER J. RICHMAN

Typed or printed name of signer

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)

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