Division of Corporations Page 1 of 1

L14000019108

Florida Department of State
Division of Corporations
Fax Audit No. Cover Sheet

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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

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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

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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:
16585 N.W. 2nd Ave.	16585 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

1601 MICHIGAN AVENUE - SUITE 320
Florida 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	Name and Address:
MANAGER	PETER J. RICHMAN 10885 N.W. 2nd Ave., 2nd Floor North Miami Beach, 33168
MANAGER	HARVEY M. RICHMAN 10885 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 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)

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TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HP 199, 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:
18555 N.W. 2nd Ave.	18555 N.W. 2nd Ave.
3rd Floor	3rd Floor
North Miami Beach, Florida 33160	North Miami Beach, Florida 33160

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

1691 MICHIGAN AVENUE - SUITE 320
Florida 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)

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TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HP 186, 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:
18685 N.W. 2nd Ave.	18685 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

1691 MICHIGAN AVENUE - SUITE: 320
Florida 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)

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Title: "AMBR" = Authorized Member "MGR." = Manager	Name and Address:
MANAGER	PETER J. RICHMAN 19085 N.W. 2nd Ave., 2nd Floor North Miami Beach, 33169
MANAGER	HARVEY M. RICHMAN 19085 N.W. 3rd Ave., 2nd Floor North Miami Beach, 33169

(Use attachment if necessary)

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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 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)

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