

L14 000029081

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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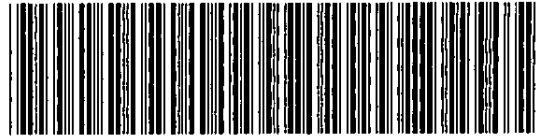
(Business Entity Name)

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02/19/14--01006--015 \*\*160.00

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DEPARTMENT OF STATE  
14 FEB 19 AM 11:37

FILED  
14 FEB 19 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 20 2014

P

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 02/19/14

**REF. #:** 9054373

**CORP. NAME:** HSP 30147, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 70015286 **FOR \$** 160.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |  |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**HSP 30147, LLC**  
**a Florida limited liability company**

**FILED**  
**14 FEB 19 AM 10:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of the limited liability company is:

HSP 30147, LLC.

2. The mailing and street address of the principal office of the limited liability company is:

2 Wilbanks Rd. SE  
Rome, GA 30161.

3. The name and street address of the initial registered agent of the limited liability company are:

NRAI Services, Inc.  
1200 S. Pine Island Road  
Plantation, FL 33324.

4. The name and street address of the Manager is:

Harry S. Pierce  
2 Wilbanks Rd. SE  
Rome, GA 30161.

Dated: as of FEB 15, 2014.



Harry S. Pierce  
Authorized Representative

**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) it accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) it is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of February 19, 2014.

**NRAI Services, Inc.**  
Registered Agent

  
By: Michele Holden, Asst Sect

**FILED**  
24 FEB 19 AM 10:34  
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TALLAHASSEE, FLORIDA