

#L14000066743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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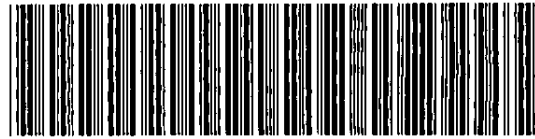
(Business Entity Name)

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K. SALLY
EXAMINER
APR 24 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 105138 81514A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 160.00

ORDER DATE : April 23, 2014

ORDER TIME : 2:51 PM

ORDER NO. : 105138-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: HIDEAWAY HMP, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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2014 APR 23 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: HIDEAWAY MHP, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 12717 W. Sunrise Blvd., Sunrise, FL 33223

b: Street Address: 12717 W. Sunrise Blvd., Sunrise, FL 33223

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Alex Stewart
Name

12717 W. Sunrise Blvd.
Florida street address (Post Office Box **NOT** acceptable)

Sunrise, Florida 33223
City, State and 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


ARTICLE IV – Management (Check applicable box)

_____ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

X The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

ARTICLE V -

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:

"AMBR"

Pearl Stewart

12717 W. Sunrise Blvd.

Sunrise, Florida 33223

"MBR"

Alex Stewart

12717 W. Sunrise Blvd.

Sunrise, Florida 33223

"MBR"

Charles Stewart

12717 W. Sunrise Blvd.

Sunrise, Florida 33223

"MBR"

Margaret Ann Stewart

12717 W. Sunrise Blvd.

Sunrise, Florida 33223

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.)

Alex Stewart

Typed or printed name of signee

Alex Stewart
