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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF SIGH

COVER LETTER '

TO: Registration Division of C	i Section Corporations		
SUBJECT: <u>ELAINE</u>	E HALL SWORDFISH A Name of Lii	SSETS Limited Liability Conmitted Liability Company	npany
	of Organization and fee(s) a	. •	
Please return all corre	spondence concerning this m	natter to the following:	
ELAINE	HALL		
		Name of Person	
ELAINE	HALL SWORDFISH AS	SETS Limited Liability Compa Firm/Company	nny
<u>938 SE 1</u>	Oth CT.		
		Address	
POMPAN	NO BEACH FLORIDA 33	060 City/State and Zip Code	
		city/state and Zip Code	
-	E-mail address: (to be use	d for future annual report notifica	ntíon)
For further information	n concerning this matter, ple	ase call:	
ELAINE HALL	at (954) 650-2016	
Nan	ne of Person		lephone Number
Enclosed is a check fo	r the following amount:		
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address	Street/Courier Addi	ress

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2014

ELAINE HALL 938 SE 10 COURT POMPANO BEACH, FL 33060

SUBJECT: HALL & HALL ENTERPRISES LLC

Ref. Number: W14000049841

We have received your document for HALL & HALL ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 314A00017492

www.sunbiz.org

I' DA DAY ASSE M II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ELAINE HALL SWORDFISH ASSETS Limited (Must end with the words "Limited	I Liability Company ed 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:	
938 SE 10th CT. POMPANO BEACH FL 33060	938 SE 10th CT. POMPANO BEACH FL 33060	. <u> </u>
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration.) The name and the Florida street address of the registered.	n Registered Agent. You must designate an in ion.)	ndividual or SECRETI
FORREST HALL		当門 房 マ
Nam	10	US TE EFARTI
938 SE 10th CT.		71361
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
POMPANO BEACH	FL 33060	2E ;
City	Zip	₩ 35
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o Cha	ept the appointment as registered agent and agr is of all statutes relating to the proper and comp obligations of my position as registered agent as apter 605, F.S	ree to act in this plete performance

Page 1 of 2

(CONTINUED)

<u> Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	ELAINE HALL
	938 SE 10th CT.
	POMPANO BEACH FL 33060
•	
<u> </u>	
EV: Effective date, if other than the date of ctive date is listed, the date must be specified.	of filing: AUGUST 9-2014. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: 40045 4-2014. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
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ARTICLE IV-