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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCORPORATING SERVICES FL Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

# FLORIDA LIMITED LIABILITY CO. FLORIDA LIMITED LIABILITY CO. 150 Seagate, LLC Certificate of Status





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Corporate Filing Menu



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## ARTICLES OF ORGANIZATION OF 150 SEAGATE, LLC

### Under Limited Liability Company Law of the State of Florida

The undersigned person, acting as an organizer of the limited liability company being formed and an authorized representative of the Member hereby, certifies that:

FIRST: The name of the limited liability company is 150 Seagate, LLC.

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SECOND: The county within this state in which the office of the limited liability company is to be located is Palm Beach County.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is one and the same, being:

> 601 North Congress Avenue, Suite 114 Delray Beach, Florida 33445

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

Shannon Rex 4687 South Lake Drive Boynton Beach, Florida 33436

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.

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	SHANDON REX	ASE	+-	
FIFTH: The name and addre	ss of each Manager or Managing Member is as fol	-0	001 -	
Manager:	HHC Development, Inc. 400 Linden Oaks Office Park Rochester, NY 14625	ARY OF S	-2 MM 7	
IN WITNESS WHEREOF, th	e undersigned has executed these Articles of Organ		on The	;
aday of October		>	-	

THOMAS W. BLANK, Authorized Representative of 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.)