

L15000050708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

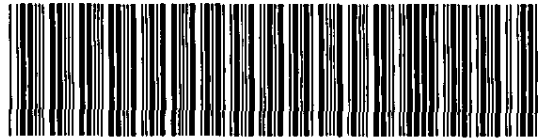
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 MAR 23 PM 1:59

ACKNOWLEDGE
TO AGENCY OF FILING
SUFFICIENCY OF FILING

FILED

15 MAR 23 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 24 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 559040 7416542

AUTHORIZATION :



COST LIMIT : \$130.00

ORDER DATE : March 23, 2015

ORDER TIME : 1:15 PM

ORDER NO. : 559040-005

CUSTOMER NO: 7416542

DOMESTIC FILING

NAME: HEPLATTA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HE PLATTA, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY E ITTNER
Name of Person

EZON, INC.
Firm/Company

1100 FIFTH AVE SOUTH STE 409
Address

NAPLES, FL 34102
City/State and Zip Code

GARYI@EZONNAPLES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY E ITTNER at (239) 263-1712
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEPLATTA, 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:

C/O HALVORSEN HOLDINGS, LLC
1577 S. FEDERAL HIGHWAY STE 200
BOCA RATON, FL 33432

C/O EZON, INC.
1100 FIFTH AVE S, STE 409
NAPLES, FL 34102

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:

GARY E ITTNER

Name

1100 FIFTH AVE S, STE 409

Florida street address (P.O. Box NOT acceptable)

NAPLES

City

FL 34102

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.

By: Gary E Ittner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAR 23 PM 4:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

HALVORSEN HOLDINGS, LLC
1877 S. FEDERAL HIGHWAY STE 200
BOCA RATON, FL 33432

EZON, INC.
1100 FIFTH AVENUE STE 407
NAPLES, FL 34102

15 MAR 23 PM 1:57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

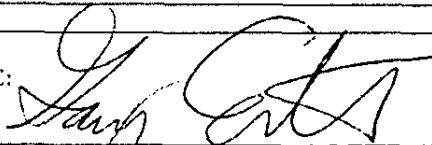
(Use attachment if necessary)

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.)

GARY E ITTNER

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)