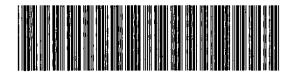
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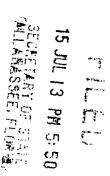
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(Cit	y/State/Zip/Phon	e #)
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(DC	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hallapatta	Properties LLC	
Name of Limited Liabil	ity Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Frank B. Ha	lpern	
Jay Habern -	+ Associates	
150 Alhambra Cir	Suite /100	
Mianie EC, 3	33134	
City/State and Zip Code Dri ha 5 a mail address: (to be used for future annual report notification)		
•	unida report normeación)	
For further information concerning this matter, please call:		
Frank Halpun at (305) Name of Person Area Code	Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status Certific	of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
	New Filing Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	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:	
Hallapatta Pr	operties LC
(Must end with the words "Limited Liability Co	ombany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
150 Albambra Cir suitelloo Mionin FL, 33134	150 Alhambra Cin soite/100
V (3)	, , ,

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:

Name

ONOUSE

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

City State

State

State

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

15 JUL 13 PH 5: 50
SCORETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR MGR MGR	Frank B. Halpern 601 Casvarina Concourse Miana 61/33143 Mitchell R. Halpern 1200 West Ave Japt 726 Miani Beach, 331319
(Use attachment if necessary)	ling July 10-2015 (OPTIONAL)
he date of filing.)	c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
REOUIRED SIGNATURE:	- Land Char
This document is executed in I am aware that any false info constitutes a third degree felo	per or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b),
S125.00 Filing Fee for Articles of Organic S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	Filing Fees: zation and Designation of Registered Agent
	Page 2 of 2

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

ARTICLE IV-