# 11500171089

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(0)	ocyment Number)	
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10/02/15--01017--028 \*\*160.00

EFFECTIVE DATE

OCT A 8 2015 S. GILBERT

### **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	The Hainsley Florida LLC
SOBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Nick Berry
	Name of Person
	Firm/Company
	1901 Coral Gardens Dr
	Address
	Wilton Manors, FL 33306
	City/State and Zip Code matthew@matthewhaines.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Matthew Haines 248 686-2884
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 I	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$

# Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# **Street Address**

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			, y
The name of the Limited Liability Company is:			15 OCT - 3
The Hainsley Florida LLC		,	\$ 600 C
(Must end with the words "Limited	Liability Co	mpany, "L.L.C.," or "LLC.")	15 OCT - 2
ARTICLE II - Address:			•
The mailing address and street address of the principal of	fice of the L	imited Liability Company is:	
Principal Office Address:		Mailing Addre	<u>ss</u> :
2014 NE 18th St #3		c/o Nick Berry	
Fort Lauderdale, FL 33305		1901 Coral Gardens Dr	
		Wilton Manors, FL 33306	
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	n.)		
Nick Berry			
	Name		
1901 Coral Gardens I	Or		
Florida street address	(P.O. Box 1	NOT acceptable)	
Wilton Manors	FL	33306	
City	State	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..

Page 1 of 2

(CONTINUED)

stered Agent's Signature (REQUIRED)

Citle:		Name and Address:
	thorized Member	
MGR'' = Mar	•	Markey Halana
MGR	<del></del>	Matthew Haines 2014 NE 18th St #3
		Fort Lauderdale, FL 33305
		Fort Eauderdale, FE 55505
	<del></del>	
=		
	<del></del>	
V: Effective		ng: 10/1/2015 . (OPTIONAL)  and cannot be more than five business days prior to or 90
V: Effective tive date is li filing.) the date inserte ent's effective	date, if other than the date of filinsted, the date must be specific	and cannot be more than five business days prior to or 90 are applicable statutory filing requirements, this date will not
V: Effective tive date is li filing.) ne date inserte ent's effectiv VI: Other pro	date, if other than the date of filinsted, the date must be specific and in this block does not meet the date on the Department of State	and cannot be more than five business days prior to or 90 are applicable statutory filing requirements, this date will not
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V: Effective tive date is li filing.) ne date inserte ent's effectiv VI: Other pro	date, if other than the date of filing sted, the date must be specific and in this block does not meet the date on the Department of State ovisions, if any.  Signature of a member This document is executed in I am aware that any false informations.	and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will not te's records.
V: Effective tive date is li filing.) ne date inserte ent's effectiv VI: Other pro	date, if other than the date of filinsted, the date must be specific and in this block does not meet the date on the Department of State ovisions, if any.  Signature of a member This document is executed in I am aware that any false informations titutes a third degree felon	and cannot be more than five business days prior to or 90 he applicable statutory filing requirements, this date will not the srecords.  or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State
V: Effective tive date is li filing.) ne date inserte ent's effectiv VI: Other pro	date, if other than the date of filing sted, the date must be specific and an ed in this block does not meet the date on the Department of State ovisions, if any.  Signature of a member of the document is executed in a I am aware that any false information constitutes a third degree felon Nick Berry	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
V: Effective tive date is li filing.) he date inserte ent's effectiv VI: Other pro	date, if other than the date of filing sted, the date must be specific and an ed in this block does not meet the date on the Department of State ovisions, if any.  Signature of a member of the document is executed in a I am aware that any false information constitutes a third degree felon Nick Berry	and cannot be more than five business days prior to or 90 he applicable statutory filing requirements, this date will not the srecords.  or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)