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	CONNECTION, INC.	
(850) 224-8870 • 1-	, Suite 1 • Tallahassee, Florida 3230 800-342-8062 • Fax (850) 222-122	2
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COVER LETTER

TO: Registration Section Division of Corporations

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Hall Flotation LLC
SUBJECT:

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:

Thomas P. Angelo

Name of Person

Angelo & Banta, P.A.

Firm/Company

515 East Las Olas Boulevard, Suite 850

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

tpa@angelolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P. Angelo	954 at (766-9930
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\$130.00 Filing Fee \$\$155.00 Filing Fee \$\$160.00 F Certificate of Status (additional copy is enclosed) Certified (

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ÷

<u>Mailing Address</u> 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:

The name of the Limited Liability Company is:

Hall Flotation 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:

Princinal Office Address:	Mailing Address:	
6701 North Hiatus Road	6701 North Hiatus Road	
Tamarac, Florida 33321	Tamarac, Florida 33321	
v • · · ·		

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:

 Angelo & Banta, P.A.

 Name

 515 East Las Olas Boulevard, Suite 850

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

 Fort Lauderdale
 FL

 City
 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 agent approved of the complete of the provisions of F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

"MGR" = Manager	
MGR	Keith Kocnig
	6701 North Hiatus Road
	Tamarac, Florida 33321
<u></u>	
Use attachment if necessary)	
V. Effective date if other than the date of filing:	(OPTIONAL)

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(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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:	
/·. U//	
Signature of a member or an authorized represent This document is executed in accordance with section 60.	
I am aware that any false information submitted in a docu	
constitutes a third degree felony as provided for in s.817.1	
Thomas P. Angelo	
Typed or printed name of signe	* 27 7
Filing Fees:	SEE
\$125.00 Filing Fee for Articles of Organization and Designation of R	legistered Agent
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	10: 07 S1/16 LOPID/