

L1 7000059578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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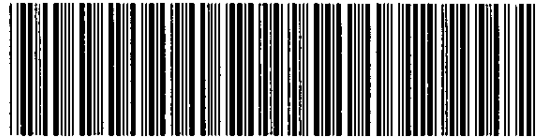
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

C. GOLDEN

MAR 16 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 557340 4305390

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : March 15, 2017

ORDER TIME : 9:52 AM

ORDER NO. : 557340-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: HAD INVESTMENTS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
2017 MAR 15 PM 4:04
TALLAHASSEE, FL 32301

**ARTICLES OF ORGANIZATION
OF
HAD INVESTMENTS, LLC**

FILED
2017 MAR 15 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: The Secretary of State
State of Florida

The undersigned, for the purposes of forming a limited liability company pursuant to the provisions of s.605, of the Florida Statutes, does hereby execute the following Articles of Organization:


ARTICLE I: Name of the limited liability company:

HAD INVESTMENTS, LLC

ARTICLE II: The mailing address and street address of the principal office of the limited liability company is 2600 South Ocean Blvd, Apartment LPHD, Boca Raton, Florida 33432.

ARTICLE III: Registered Agent Name & Address: The address of the limited liability company's initial registered office is 2600 South Ocean Boulevard, Apartment LPHD, Boca Raton, Florida 33432. The name of the limited liability company's registered agent is Thomas V. Daula.

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.


Thomas V. Daula

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

MGR

Thomas V. Daula
2600 South Ocean Boulevard, Apartment
LPHD, Boca Raton, Florida 33432

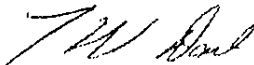
AMBR

Thomas V. Daula
2600 South Ocean Boulevard, Apartment
LPHD, Boca Raton, Florida 33432

ARTICLE V: The undersigned represents that this limited liability company has one (1) or more members.

The undersigned represents that this filing complies with the requirements detailed in s. 605.0203(1)(b) of the Florida Statutes. The undersigned hereby attests that he is authorized to sign this certificate on the limited liability company's behalf. I am aware that any false information submitted in a documents to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: *MARCH 15, 2017*



Thomas V. Daula

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STATE OF FLORIDA
DEPARTMENT OF STATE