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COVER LETTER

	New Filing Section Division of Corporations	
cupirá	Hallmark Palm Trace, LLC	
SUBJEC	Name of Limited Liability Company	
The encl	closed Articles of Organization and fee(s) are submitted for filing.	
Please re	return all correspondence concerning this matter to the following:	
	Adriana Pulatto	
	Name of Person	. —
	Coleman Talley LLP	
	Firm/Company	
	910 North Patterson Street	
	Address	
	Valdosta, GA 31601	
	City/State and Zip Code adriana.palatto@colemantalley.com	
	E-mail address: (to be used for future annual report notification)	
For furthe	ner information concerning this matter, please call:	
	Adriana Palatto 229 671-8227	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	ed is a check for the following amount:	
\$125.00	Of Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin	Status & Y
	Mailing Address New Filing Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CRUICLE I - Name:	
he name of the Limited Liability Company is:	
Hallmark Palm Trace LLC	
(Must contain the words "Limited Liability Compan	v. "L.L.C" or "LLC.")
,	• • • • • • • • • • • • • • • • • • • •
ARTICLE II - Address:	
he mailing address and street address of the principal office of the Limit	ad Linkillin Company les
the marring about ess and street address of the principal office of the familia	ed Linority Company is.
<u>Principal Office Address:</u>	<u>Mailing Address:</u>

4040 W. Newberry Road	3111 Paces Mill Road
Suite 950-B	Suite A-250
Gainesville, Florida 32607	Atlanta, GA 30339

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:

The Hallmark Comp	nanies Inc.	
	Name	
4040 W. Newberry I	Road, Suite 950-B	
Florida street addres	is (P.O. Box <u>NOT</u> acc	eptable)
Gainesville	Florida	32607
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 t 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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Hallmark Palm MM, LLC
MGR	3111 Paces Mill Road, Suite A-250
	Atlanta, GA 30339
	
	
(Use attachment if necessary)	
•	a data of 68-pa
TLE V: Effective date, if other than	e date of filing:
TLE V: Effective date, if other than	e date of filing:, (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than effective date is listed, the date in a e of filing.) If the date inserted in this block de	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date in a e of filing.) If the date inserted in this block de	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
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CLE V: Effective date, if other than effective date is listed, the date incle of filing.) If the date inserted in this block document's effective date on the Dep	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Martin H. Petersen, Manager of Hallmark Palm MM, LLC
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)