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## COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT:	Hallmark Eva MM, LLC		
300316(1)		f Limited Liabil	ity Company
The enclose	ed Articles of Organization and feet	s) are submitted	for filing.
Please retur	n all correspondence concerning th	is matter to the (	following:
	Adriana Palatto	•	
		Name of	Person
	Coleman Talley LLP		
	· · · · · · · · · · · · · · · · · · ·	Firm/Co	mpany
	910 North Patterson Street		
		Addı	ess
	Valdosta, GA 31601		
a	driana.palatto@colemantalley.com	City/State an	d Zip Code
	E-mail address: (to be	used for future a	innual report notification)
For further in	formation concerning this matter, p	lease call:	
	Adriana Palatto	229	671-8227
•	Name of Person	Area Code	Duytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130,00 Filing Fee Certificate of Statu	s — Certifi	of Filing Fee & S160.00 Filing Fee, ed Copy 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, Ft. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hallmark Eva MM, LLC	
(Must contain the words "Limited Liah	ility Company, "L.L.C.," or "Lt.C.")
TICLE II - Address:	
TICLE II - Magress;	
t mailing address and except address a City animain to 11 an	and the first and the first the commence of the
mailing address and street address of the principal office	of the Limited Liability Company is:
emailing address and street address of the principal office	of the Limited Liability Company is:  Mailing Address:
Principa) Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

The Hallmark Companies Inc.

Name

4040 W. Newberry Road, Suite 950-B

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

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 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)

Title:	Name and Address;
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Martin H. Peterson
WOX	3111 Paces Mill Road, Suite A-250
	Atlanta, GA 30339
<del></del>	
	<del> </del>
<del></del> -	
	·
(Use attachment if necessary)	
T.E.V: Effective date, if other than the da ffective date is listed, the date must be a e of filing.) If the date inserted in this block does no cument's effective date on the Department	it meet the applicable statutory liling requirements, this date will no
T.E.V: Effective date, if other than the da effective date is listed, the date must be a g of filing.)	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory liling requirements, this date will no
T.E. V: Effective date, if other than the date feetive date is listed, the date must be a of filing.) If the date inserted in this block does no nument's effective date on the Department of the Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory liling requirements, this date will no not of State's records.
CLE V: Effective date, if other than the da ffective date is listed, the date must be a of filing.) If the date inserted in this block does no cument's effective date on the Depurtment CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exe	member or an authorized representative of a member.
LE V: Effective date, if other than the date fective date is listed, the date must be a of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exe I am aware that any for constitutes a third degree.	member or an authorized representative of a member. cuted in necordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of States.

Filing Fres:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)