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	(Requestor's Name)	<u>-</u> -
	, ,	
	<u></u>	
	(Address)	
	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
<u> </u>		
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
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Special Instructions	s to Filing Officer:	
		

Office Use Only



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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	Hallmark Avon, LLC		
0011017		(Limited Linbil	ity Company
The encl	osed Articles of Organization and fee(s) are submitted	for filing.
Please re	turn all correspondence concerning th	is matter to the (ollowing:
	Adriana Palatto		
	A	Name of	Person
	Coleman Talley LLP		
		Firm/Co	mpany
	910 North Patterson Street		
		Addr	ess
	Valdosta, GA 31601		
	adriana.palatto@colemantalley.com	City/State an	d Zip Code
			nnual report notification)
or further	information concerning this matter, p	lease call:	
	Adriana Palatto	229 1 (671-8227
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	: L_JCertifi	of Fiting Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hallmark Avon, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LL.C.")
RTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: <u>Abailing Address:</u>
The mailing address and street address of the principal office. Principal Office Address:	, , ,
The mailing address and street address of the principal office	<u>Mailing Address</u> :

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

another business entity with an active Florida registration.)

The Hallmark Comp	ames 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. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

017 DEC 19 FE1 C2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Clathorack, Assau MARA, 1177
MGR	Haltmark Avon MM, LLC
	3111 Paces Mill Road, Suite A-250
	Atlanta, G∧ 30339
	
	-
(Use attachment if necessary)	
(vise attachment is necessary)	
LEV: Effective date if other than th	e date of filing:
ffective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 days
of filing.)	oe specime and cannot be more than the business they provide to be 70 days
	s not meet the applicable statutory filing requirements, this date will not be li
ument's effective date on the Depart	
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE: A	<u> </u>

Signature of a member or an authorized representative of a member. 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 Avon 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)