Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000117313)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

FLORIDA LIMITED LIABILITY CO. Hanley Properties, LLC

Certificate of Status

Certified Copy 01 Page Count Estimated Charge \$125.00

C RICO JAN 1 0 2018

Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLO ARTICLE I - Name:	DRIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Company is:	
Hanley Properties, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ADMICLE IN Add	
The mailing address and street address of the principal office	
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	Mailing Address:
The mailing address and street address of the principal office	

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

BLUMBERGEXCEL	SIOR CORPORA	TE SERVICES, INC.
	Name	
155 Office Plaza Driv	c, 1st Fl.	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
TALLAHASSEE	FL	32301
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 perfected agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

Asst. Secretary, Lauren DePass

(CONTINUED)

• •

The name and address of each pers	on authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Dennis Hanley
	34 Sunset Road
	Sayville, NY 11782
1 1 4 1 1 C	Lawifer Heales
AMBR	Jennifer Hanley 34 Sunset Road
	Sayville, NY 11782
	Sayvine, IST 11782
	Advance
(Use attachment if necessary)	
•	
TCLE V: Effective date, if other than the	date of filing: (OPTIONAL)
ICLE V: Effective date, if other than the n effective date is listed, the date must be	date of filing:
n effective date is listed, the date must t bite of filing.)	se specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date must t bite of filing.)	se specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date must t bite of filing.)	not meet the applicable statutory filing requirements, this date will not be liste
n effective date is listed, the date must thate of filing.) e: If the date inserted in this block does document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be liste
n effective date is listed, the date must thate of filing.) e: If the date inserted in this block does document's effective date on the Department of the D	not meet the applicable statutory filing requirements, this date will not be liste
n effective date is listed, the date must thate of filing.) e: If the date inserted in this block does document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be liste
the effective date is listed, the date must be the of filing.) E: If the date inserted in this block does document's effective date on the Departraction of the Other provisions, if any. Estate Holding LLC	not meet the applicable statutory filing requirements, this date will not be liste
n effective date is listed, the date must thate of filing.) e: If the date inserted in this block does document's effective date on the Department of the D	not meet the applicable statutory filing requirements, this date will not be liste
n effective date is listed, the date must thate of filing.) e: If the date inserted in this block does document's effective date on the Departr TCLE VI: Other provisions, if any. Estate Holding LLC REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be liste
n effective date is listed, the date must be the of filing.) E: If the date inserted in this block does document's effective date on the Departructure TCLE VI: Other provisions, if any. Estate Fiolding LLC REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be listement of State's records.
reflective date is listed, the date must blate of filing.) E: If the date inserted in this block does document's effective date on the Departrucket CLE VI: Other provisions, if any. Estate Holding LLC REQUIRED SIGNATURE: Signature of This document is compared.	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.
neffective date is listed, the date must be bate of filing.) E: If the date inserted in this block does document's effective date on the Departructure of the best of the block does document's effective date on the Departructure of the block does document is column aware that any	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State
neffective date is listed, the date must be bate of filing.) E: If the date inserted in this block does document's effective date on the Departructure of the best of the block does document's effective date on the Departructure of the block does document is column aware that any	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.
reflective date is listed, the date must be bate of filing.) E: If the date inserted in this block does document's effective date on the Departructure of the best of the bes	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree telony as provided for in s.817.155, F.S.
RECUIRED SIGNATURE: Signature of This document is cylindre and the state of filing.) Estate Holding LLC REQUIRED SIGNATURE: Signature of This document is cylindre and aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statues, false information submitted in a document to the Department of State egree telony as provided for in s.817.155, F.S.

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)