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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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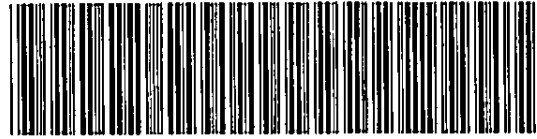
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W18-16125



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2018

CHERYL BURDEN
HALVORSEN HOLDINGS, LLC
851 S. FEDERAL HIGHWAY, STE. 201
BOCA RATON, FL 33432

SUBJECT: HPREI, LLC
Ref. Number: W18000016125

???

We received your online transmitted document. However, the document has not been filed for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. **Please disregard this letter, if you have contacted our office and were advised how to correct your document online.**

If you have any further questions concerning your filing, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II
New Filing Section

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HPREI, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Burden

Name of Person

Halvorsen Holdings, LLC

Firm/Company

851 S. Federal Highway, Suite 201

Address

Boca Raton, Florida 33432

City/State and Zip Code

cburden@halvorsenholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Burden

561

367-9200

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HPREI, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

851 S. Federal Highway

Suite 201

Boca Raton, Florida 33432

Mailing Address:

851 S. Federal Highway

Suite 201

Boca Raton, Florida 33432

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:

Jeffrey T. Halvorsen

Name

851 S. Federal Highway, Suite 201

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

Boca Raton

Florida

33432

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)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jeffrey T. Halvorsen

851 S. Federal Highway, Suite 201

Boca Raton, Florida 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Jeffrey T. Halvorsen

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)

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TALLAHASSEE, FLORIDA

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