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(Requestor's Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 129206 4310149

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: March 22, 2018

ORDER TIME : 1:12 PM

ORDER NO. : 129206-005

CUSTOMER NO: 4310149

DOMESTIC FILING

NAME: H&T/GATEWAY LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

.....

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	T: H&T/Gateway LLC Name of Limited	Liability Company	-
The enclo	osed Articles of Organization and fee(s) are sub-	mitted for filing.	
Please re	turn all correspondence concerning this matter to	o the following:	
	Kathleen Ellison		TALLIA
	Na	une of Person	3. A.
	Wiggin and Dana LLP		23
	Fir	rm/Company	TH 70
	265 Church Street		- 1
		Address	To Co
	New Haven, CT 06282		
	City/St Hlibrett@aol.com	tate and Zip Code	
	E-mail address: (to be used for fi	uture annual report notification)	
For further	information concerning this matter, please call:	:	
	Helene S. Librett at (941) 388-9599	_
	Name of Person Area C	ode Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00	Certificate of Status	Iditional copy is enclosed) Certified (e of Status &
	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 Tallahassec, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must co	ontain the words "Limited	Liability Company, *	`L.L.C.,`` or '`LLC.``)		
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited	Liability Company is:		
<u>Princ</u>	ipal Office Address:		Mailing Address:		
6507 Windiamm	er Place	6507	Windjammer Place		
Bradenton, FL 34	4202	Brad	enton, FL 34202		
ARTICLE III - Registered A					
	iny cannot serve as its own in active Florida registration	n Registered Agent. Y on.)	t's Signature: 'ou must designate an individual or	18 MAR	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration	n Registered Agent. Y on.) d agent are:		HAR 2	· · · · · · · · · · · · · · · · · · ·
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration et address of the registere	n Registered Agent. Y on.)		HAR ALL	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration et address of the registere Helene S. Librett	n Registered Agent. Yon.) d agent are: Name		HAR 2	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration active Florida registration active Helene S. Librett 6507 Windjammer	n Registered Agent. Yon.) d agent are: Name	ou must designate an individual or	HAR 23 PH 4: CALLASSEF FLO	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration active Florida registration active Helene S. Librett 6507 Windjammer	n Registered Agent. Yon.) d agent are: Name r Place	ou must designate an individual or	MAR 23 PH	コートー

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..

(CONTINUED)

ARTICLE IV-

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

Title: "AMPR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR and MGR	Helene S. Librett 6507 Windiammer Place Bradenton, FL 34202
MGR	Terry M. Librett 6507 Windiammer Place Bradenton, FL 34202
	
(Use attachment if necessary)	
If an effective date is listed, the date must be spec he date of filing.)	of filing: Upon filing (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records.
ARTICLE VI: Other provisions, if any. None	
REQUIRED SIGNATURE:	an authorized representative of a member.

This document is executed in according with section 603.0203 (1) (b), Florids Statutes. I am aware that any fainc information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17,155, F.S.

Helene S. Librett, Manager and Member
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)