

12/17/2018

Division of Corporations

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.**

(((H18000357036 3)))



H1800035703634BC0

**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 : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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.  
HALE AVENUE WAREHOUSE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2018 DEC 17 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

(((H18000357036 3)))

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

HALE AVENUE WAREHOUSE, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS OF THE LIMITED LIABILITY COMPANY IS:

969 HALE AVENUE  
BROOKSVILLE, FLORIDA 34601

THE MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

POST OFFICE BOX 534  
BROOKSVILLE, FLORIDA 34605

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

SAMUEL CLINTON GRIFFIN  
969 HALE AVENUE  
BROOKSVILLE, FLORIDA 34601

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, FLORIDA STATUTES.

DATED: 12/17/18

X   
SAMUEL CLINTON GRIFFIN

(((H18000357036 3)))

FILED  
2018 DEC 17 AM 11:24  
TALLAHASSEE, FL  
SECRETARY OF STATE

((H18000357036 3)))

**ARTICLE IV - MANAGEMENT**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS: SAMUEL CARNES GRIFFIN  
1032 S. MILDRED AVENUE  
BROOKSVILLE, FLORIDA 34601

SAMUEL CLINTON GRIFFIN  
14115 BOCK LANE  
BROOKSVILLE, FLORIDA 34609

**ARTICLE V - EFFECTIVE DATE**

THE EFFECTIVE DATE OF THIS LIMITED LIABILITY COMPANY IS JANUARY 1, 2019.

DATED: 12/17/18

X   
SAMUEL CLINTON GRIFFIN

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

**FILED**  
2018 DEC 17 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

((H18000357036 3)))