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(Red	questor's Name)	
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Special Instructions to F	Filing Officer:	

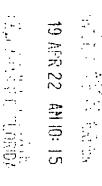
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K. PAGF MAY 01 2019



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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Hahn Realty Riverview	LLC		
000,00		Name of Limited Liabil	ity Company	
The enclo	sed Articles of Organization	and fee(s) are submitted	for filing.	
Please ret	urn all correspondence conc	erning this matter to the f	following:	
	Lianne Hahn			
		Name of	Person	
		Firm/Co	mpany	
	824 SW 10th St.			
		Addr	ess	
	Fort Lauderdale, FL 3331.	5		
		City/State an	d Zip Code	
	hahnlimited@gmail.com			
	E-mail address	s: (to be used for future a	nnual report notificat	ion)
For further	information concerning this	matter, please call:		
	Lianne Hahn	480 at (266-6303	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed i	is a check for the following a	imount:		
\$125. 00 F	Filing Fee \$130,00 Fil Certificate	of Status L.JCertific	0 Filing Fee & Cod Copy all copy is enclosed)	\$160.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Halin Realty Riverview LLC	
(Must contain the words "Limited Liat	oility Company, "L.L.C.," or "LLC.")
II - Address: g address and street address of the principal office	of the Limited Liability Company is:
g address and street address of the principal office	e of the Limited Liability Company is: Mailing Address 824 SW 10th St

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:

ARTICLE I - Name:

Name
824 SW 10+10 Street

Florida street address (P.O. Box NOI acceptable)

Fort Lauderdale FL 33315

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)

ARTICLE IV-

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

	Authorized Member	Name and Address:	
MGR'' = N	lanager		
AMBR, MGR		Lianne Hahn	
		824 SW 10th St	
		Fort Landerdale, 14, 33315	
AMBR, MGR		Christopher P. Hahn	
		824 SW 10th St.	
		Fort Lauderdale, FL, 33315	
			
_			
			
	nent if necessary)		
V: Effection of the control of the c	ve date, if other than the date ilisted, the date must be spe	of filing: (OPTIONAl confice and cannot be more than five business days prior neet the applicable statutory filing requirements, this date	to or 90 d
CV: Effective date is filling.) the date insendent's effect	ve date, if other than the date i listed, the date must be spe	ecific and cannot be more than five business days prior neet the applicable statutory filing requirements, this date	to or 90 d
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\$ 5.00 Certificate of Status (Optional)