

From: M. BURR KEIM CO

Fax: 12159779386

To:

(850) 617-6381

Page: 1 of 3

3 PM

**L1900175260**

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.

(((H19000216321 3)))



H190002163213ABCZ

**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 : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

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

Email Address: \_\_\_\_\_

2019 JUL 17 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**FLORIDA LIMITED LIABILITY CO.  
HCFL Associates LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 JUL 17 PM 3:31

Electronic Filing Menu

Corporate Filing Menu

Help

N. CULLIGAN

From: M. BURR KEIM CO

Fax: 12159779386

To:

Fax: (850) 617-6381

Page: 2 of 3

07/17/2019 2:53 PM

(( (H190002163213) ))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

HCFL Associates 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:

2580 Gulf to Bay Boulevard  
Clearwater, FL 33765

Mailing Address:

c/o GF Management  
303 W. Lancaster Avenue, #290  
Wayne, PA 19087

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:

W. Bradley Munroe, Esquire  
Name

239 East Virginia Street  
Florida street address (P.O. Box **NOT** acceptable)

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 registered agent as provided for in Chapter 605, F.S.

W. Bradley Munroe

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 JUL 17 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

(((H190002163213)))

**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:**
Joseph Wellenbush  
303 W. Lancaster Avenue, #290  
Wayne, PA 19087
AMBR
Jeffrey Kolessar  
303 W. Lancaster Avenue, #290  
Wayne, PA 19087


---



---



---



---



---



---



---



---

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.
Donald J. Hart, Jr., Authorized Representative

Typed or printed name of signer

**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)

(((H190002163213)))

FILED  
 2019 JUL 17 AM 10:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FL