

8/29/2020



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.

(((H20000339565 3)))



H200003395653ABCO

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 : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8800
Fax Number : (407)244-5690

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

Email Address: NORA.MILLER@GRAY-ROBINSON.COM

**FLORIDA LIMITED LIABILITY CO.
HB Storage Fund Three LLC**

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

J. FASON

OCT 01 2020

2020 SEP 30 AM 11:31

2020 SEP 30 AM 10:48

DocuSign Envelope ID: F1233EC6-716D-4A77-BB61-014BCF50CF1A

((H20000339565 3)))

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is HB Storage Fund Three LLC.

ARTICLE II
Address

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

16701 Collins Avenue
Sunny Isles Beach, FL 33160

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers. This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
HB Manager LLC	16701 Collins Avenue Sunny Isles Beach, FL 33160

2020 SEP 30 AM 11:31

ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

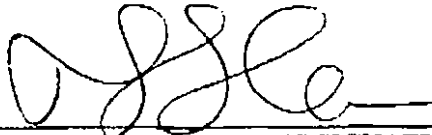
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.
Attention: Nora Miller Esq.
301 E. Pine Street, Suite 1400
Orlando, FL 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs 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.

DocuSign Envelope ID: F1233ECB-718D-4A77-BB61-014BCF30CF1A

(((H20000339565 3)))



REGISTERED AGENT'S SIGNATURE

Designated by:
Steven Hurowitz
EDMFCM1E702E428

AUTHORIZED REPRESENTATIVE'S SIGNATURE

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

STEVEN HUROWITZ, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

Steven Hurowitz

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (OPTIONAL)
- \$5.00 Certificate of Status (OPTIONAL)

2020 SEP 30 AM 11:31

(((H20000339565 3)))