

2/7/22, 5:01 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
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****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 Four LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of this Limited Liability Company is HB Storage Fund Four 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

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:

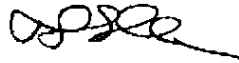
GrayRobinson, P.A.
Attention: Nora Miller Esq.
301 E. Pine Street, Suite 1400
Orlando, FL 32801

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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.



REGISTERED AGENT'S SIGNATURE

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.)

NORA MILLER, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

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)

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