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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: HALLASOOP@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
HM Real Estate Services LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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2022 OCT 24 PM 4:41
FILED

22 OCT 24 PM 12:35
FILED
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HM Real Estate Services LLC

(Must end with 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:

Mailing Address:

2475 Compass Pointe Drive
Vero Beach, FL 32966

2475 Compass Pointe Drive
Vero Beach, FL 32966

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:

Halla Soop
Name

2475 Compass Pointe Drive
Florida street address (P.O. Box **NOT** acceptable)

Vero Beach FL 32966
City 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..

DocuSigned by:

Halla Soop

79638FBB2A9248A

Registered Agent's Signature (REQUIRED)

Halla Soop

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FL
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Halla Soop
2475 Compass Pointe Drive
Vero Beach, FL 32966

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:
Halla Soop
70638FEB32A9246A

Signature of a member or an authorized representative of a member.
(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.)

Halla Soop

Typed or printed name of signee

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22 OCT 24 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA