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.

(((H22000364935 3)))



H220003649353ABC1

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 : COMITER & SINGER, LLP

Account Number : 12000000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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

Email Address: Corporate @ comitersinger.com

FLORIDA LIMITED LIABILITY CO.

HFP Investments, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help



Haa000364935 3

COVER LETTER

	New Filing Section Division of Corp					
en bire	HFP Investm	ents, LLC				
SUBJEC	1:	Name o	Limited Liabil	ity Company		
The enclo	sed Articles of O	rganization and feet	s) are submitted	for filing.		
Picase ret	turn all correspon	dence concerning th	s matter to the	following:		
	Andrew R. Co	miter, Esq.				
			Name of	Person		
	Comiter, Sing	cr, Baseman & Brau	n, LLP			
		 	Flrm/Co	ompany		
	3825 PGA Bh	vd., Suite 701				
			Add	ress		
	Palm Beach C	Gardens, FL 33410				
	 -	· · · · · · · · · · · · · · · · · · ·	City/State as	nd Zip Code		
		nitersinger.com	16-6	and and antificati	on)	
	E-	-mail address: (to be	used for future	annual report notificati	on,	
For further	r information con-	cerning this matter, ;	lease call:			
	Andrew R Con		561 it (626-2101		
	Name	of Person	Area Code	Daytime Telephon	c Number	₹. N
Enclosed	l is a check for the	e following amount:				22 OCT
	00 Filing Fee	□\$130.00 Filing F Certificate of Statu	s Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filin Certificate of S Certified Copy (additional copy i	ing (Fee,) (in this &) (in th
	New Fil Division P.O. Bo	Address ling Section n of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
HFP Investments, I	J.C		
(Must cor	tain the words "Limited Liab	hility Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offic	e of the Limited	l Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
11856 Foxbriar Lal	ra Trail	118	56 Foxbriar Lake Trail
ות.ו דמודמות אראוו	LE ITALI		
Boynton Beach, FL ARTICLE III - Registered A The Limited Liability Compar	gent, Registered Office, & I	Registered Age	ent's Signature: You must designate an individual or
Boynton Beach, FL ARTICLE III - Registered A The Limited Liability Comparanother business entity with ar	gent, Registered Office, & I ny cannot serve as its own Re a active Florida registration.)	Registered Agent.	ent's Signature:
Boynton Beach, FL	gent, Registered Office, & I by cannot serve as its own Re active Florida registration.)	Registered Agent.	ent's Signature: You must designate an individual or
Boynton Beach, FL ARTICLE III - Registered A The Limited Liability Comparenother business entity with an	gent, Registered Office, & I ny cannot serve as its own Re active Florida registration.) at address of the registered ag Comiter, Singer, Basem	Registered Agent.	ent's Signature: You must designate an individual or
Boynton Beach, FL ARTICLE III - Registered A The Limited Liability Comparenother business entity with an	gent, Registered Office, & I ny cannot serve as its own Re active Florida registration.) at address of the registered ag Comiter, Singer, Basem	Registered Agent. gestered Agent. gent are: nan & Braun, Li	ent's Signature: You must designate an individual or
Boynton Beach, FL ARTICLE III - Registered A The Limited Liability Comparanother business entity with ar	gent, Registered Office, & Ray cannot serve as its own Restrict Florida registration.) at address of the registered ag Comiter, Singer, Basem	Registered Agent. gent are: nan & Braun, Li Name	ent's Signature: You must designate an individual or
Boynton Beach, FL ARTICLE III - Registered A The Limited Liability Comparanother business entity with ar	gent, Registered Office, & I sy cannot serve as its own Re active Florida registration.) at address of the registered ag Comiter, Singer, Basem 3825 PGA Blvd., Suite	Registered Agent. gent are: nan & Braun, Li Name	ent's Signature: You must designate an individual or

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 ogent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Haa000364935 3

Title: "AMBR" = Authorized	Member	Name and Address:		
"MGR" = Manager				
MGR	_	HEP Management, L.L.C		
		11856 Foxbriar Lake Trail		
		Boynton Beach, FL 33473		
	_			
				
	_			
	_			
Tective date is listed, the	ther than the date	of filing: cific and cannot be more than fi	. (OPTION	NAL) or to or 90 days
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date or	ther than the date date must be spe block does not no the Department	cific and cannot be more than fi cet the applicable statutory filing	ive business days prid	or to or 90 days
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date or	ther than the date date must be spe block does not no the Department	cific and cannot be more than fi cet the applicable statutory filing	ive business days prid	or to or 90 days
LE V: Effective date, if c fective date is listed, the of filing.)	ther than the date date must be spe block does not in the Department of any.	cific and cannot be more than fi cet the applicable statutory filing	ive business days prid	or to or 90 days
LE V: Effective date, if of feetive date is listed, the of filing.) If the date inserted in this ament's effective date or LE VI: Other provisions, REQUIRED SIGNAT	ther than the date date must be spe block does not in the Department of any.	ectific and cannot be more than finect the applicable statutory filing of State's records.	requirements, this da	ate will not be li
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date or LE VI: Other provisions, REQUIRED SIGNAT S This do	ther than the date date must be specified block does not in the Department of any. URE: gnature of a mecument is executed.	ecific and cannot be more than fineet the applicable statutory filing of State's records. Compared to the applicable statutory filing of State's records.	requirements, this danger of a member. 5.0203 (1) (b), Florida	ate will not be li
LE V: Effective date, if of feetive date is listed, the of filing.) If the date inserted in this ament's effective date or LE VI: Other provisions, REQUIRED SIGNAT S This do I am av	ther than the date date must be specified block does not in the Department of any. URE: grature of a measure that any false	cet the applicable statutory filing of State's records. The property of the p	requirements, this da requirements, this da requirements, this da requirements of a member. 5.0203 (1) (b), Florida nent to the Department	a Statutes.
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date or LE VI: Other provisions, REQUIRED SIGNAT SThis do I am aveconstitute	block does not in the Department of any. URE: gnature of a me cument any false tes a third degree	mber or an authorized represented in accordance with section 605 information submitted in a docum felony as provided for in s.817.1	requirements, this da requirements, this da requirements, this da requirements of a member. 5.0203 (1) (b), Florida nent to the Department	ate will not be li
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date or LE VI: Other provisions, REQUIRED SIGNAT SThis do I am aveconstitute	block does not in the Department of any. URE: gnature of a me cument any false tes a third degree	mber or an authorized represented in accordance with section 605 information submitted in a docum felony as provided for in s.817.1 er, Authorized Representative	requirements, this da requirements, this da stative of a member. 5.0203 (1) (b), Florida nent to the Department 5.5, F.S.	ate will not be li
EV: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date or LE VI: Other provisions, REQUIRED SIGNAT This do I am aveconstitute	block does not in the Department of any. URE: gnature of a me cument any false tes a third degree	mber or an authorized represented in accordance with section 605 information submitted in a docum felony as provided for in s.817.1	requirements, this da requirements, this da stative of a member. 5.0203 (1) (b), Florida nent to the Department 5.5, F.S.	ate will not be li