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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE : December 21, 2023 ORDER TIME : 8:35 AM ORDER NO. : 224928-015 CUSTOMER NO: 8370808 DOMESTIC FILING NAME: HRH INVESTOR LLC EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

## COVER LETTER

	w Filing Sec vision of Co					
SUBJECT:		vestor LLC				
SODUDC 1.		N	ame of Lin	nited Liabilit	y Company .	
The enclose	d Articles of	Organization as	nd fee(s) ar	e submitted t	for filing.	
Please retur	n all corresp	ondence concerr	ing this m	atter to the fe	ollowing:	
				Andrew J.	Schiff	
				Name of I	Person	
				Offit Kurn	nan P.A.	
	<u>-</u>			Firm/Con	npany	
			10	Bank Street	- Suite 880	
				Addre	ss	······································
			W	hite Plains, I	NY 10606	
				ity/State and	*	
				erc@haymes		•
		t-mail address:	to be used	for future ar	mual report notificat	ion)
For further in	formation co	ncerning this ma	atter, please	e call:		
٠	Andrew J. S	Schiff	at (	914	461-1642	
_	Nan	ne of Person		rea Code	Daytime Telephon	ne Number
D 1 11	1 1 5					
Enclosed is	a check for t	he following am	ount:			
<b>≡\$</b> 125.001	Filing Fee	□\$130,00 Fi Certificate of		Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

Street Address
New Filing Section Division The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HRH Investor				
(Must co	matin the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limit	ed Liability Company ія:	
Princ	ipal Office Address:		Malling Address:	
_146 Seminole Av	/enue		46 Seminole Avenue	
Palm Beach, Florida 33480				
ARTICLE III - Registered A The Limited Liability Compar mother business entity with an	gent, Registered Office, ny cannot serve na ita om nactive Florida registratio	& Registered Ag n Registered Agent on.)	alm Beach, Florida 33480	
ARTICLE III - Registered A	gent, Registered Office, ny cannot serve us its own a setive Florida registration I address of the registered	& Registered Ag n Registered Agent on.)	alm Beach, Florida 33480	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, ny cannot serve na ita om nactive Florida registratio	& Registered Ag n Registered Agent on.)	alm Beach, Florida 33480	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, ny cannot serve us its own a setive Florida registration I address of the registered	& Registered Agent on.) I agent are: Company	alm Beach, Florida 33480	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, ny cannot serve as its own sective Florida registration I address of the registered Corporation Service	& Registered Agent in Registered Agent on.) I agent are: Company Name	'alm Beach, Florida 33480 ent's Signature: You must designate an individual o	
ARTICLE III - Registered A The Limited Liability Compar mother business entity with an	gent, Registered Office, ny cannot serve as its own sective Florida registration I address of the registered Corporation Service 1201 Hays-Street	& Registered Agent in Registered Agent on.) I agent are: Company Name	'alm Beach, Florida 33480 ent's Signature: You must designate an individual o	

place designated in this certificate. I heraby inscript the appointment as registered agent and agree to act in this capacity. If 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...

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

70130EC22 PH 2:15

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Pinglor Senview Manager, LLC
	c/o Stoolien D. Havines
	146 Seminolo Ayono, Palin Beach, FL 3 3480
	of filing:
V: Effective date, if other than the date tive date is listed, the date must be spifiling.)	ectife and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spifiling.) the date inserted in this black does not me.	ectife and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spifiling.) the date inserted in this black does not ment's effective date on the Department of VI: Other provisions, if any.	ectife and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spifiling.) the date inserted in this black does not ment's effective date on the Department of VI: Other provisions, if any.  EDITIED SIGNATURES	neet the applicable statutory filing requirements, this date will not State's records.
V: Effective date, if other than the date tive date is listed, the date must be spetiling.)  the date inserted in this black does not ment's effective date on the Department of VI: Other provisions, if any.  **EXMINED SIGNATURE:  Signature of a men This document is execute I am aware that any false;	neet the applicable slatutory filing requirements, this date will not State's records.
V: Effective date, if other than the date tive date is listed, the date must be specifiling.)  e date inserted in this black does not ment's effective date on the Department of VI: Other provisions, if any.  Signature of a men This document is execute I am aware that any false in the content is executed.	neet the applicable statutory filing requirements, this date will not of State's records.  The state's records and the state of a member, and authorized representative of a member, din accordance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if other than the date tive date is listed, the date must be spetiling.)  the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any.  EXMINED SIGNATURE  Signature of a men This document is execute I am aware that any false is constitutes a third degree in the state of the state	neet the applicable statutory filing requirements, this date will not of State's records.  The authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutos, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.