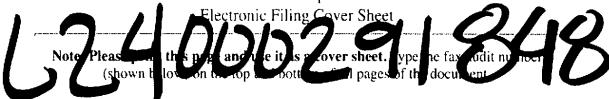
Florida Department of State

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

FLORIDA LIMITED LIABILITY CO. HC CAROL STREAM LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HC CAROL ST	
(Must contain the words "Limited Liabi	lity 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:
301 E. Las Olas Boulevard	301 E. Las Olas Boulevard
Suite 200	Suite 200
Ft. Lauderdale, FL 33301	Ft. Lauderdale, FL 33301
ADTICUTION Designation of Designatio	
ARTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature: istered Agent. You must designate an individual or

Frank Weinberg & Black, P.L.

Name

ATTN: Steven Weinberg 7805 SW 6th Court
Florida street address (P.O. Box NOT acceptable)

PlantationFL33324CityStateZip

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..

Steven A. Weinberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE SIVING TO STATE SIVING OF STATE STA

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address;
MGR	Alex Hernandez 301 E. Las Olas Boulevard, Suite 200 Ft. Lauderdale, Ff. 33301
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block decument's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block defined in the date inserted in the date in	ist be specific and cannot be more than five business days prior to or 90 days aft oes not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
CLE V: Effective date, if other than effective date is listed, the date mule of filing.) If the date inserted in this block dicument's effective date on the Dep CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior to or 90 days after ones not meet the applicable statutory filing requirements, this date will not be lister fartment of State's records.
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block discurrent's effective date on the Department's Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that	ist be specific and cannot be more than five business days prior to or 90 days af oes not meet the applicable statutory filing requirements, this date will not be liste partment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)