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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

2HG LLC

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FAX AUDIT # H060000649643

**ARTICLES OF ORGANIZATION
OF
2HG LLC**

ARTICLE I NAME

The name of the limited liability company shall be: 2HG LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5025 W. Grace Street, Tampa, Florida 33607.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Mike Leahy, 2544 N Dover Road, Dover, Florida 33527. Located in the County of Hillsborough.

ARTICLE IV DURATION

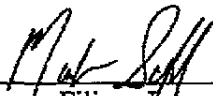
The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Mike Leahy, 5025 W. Grace Street, Tampa, Florida 33607
Mike Schnell, 5025 W. Grace Street, Tampa, Florida 33607
Andy Polce, 443 Hammock Drive, Palm Harbor, Florida 33683

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Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # H060000649643

FAX AUDIT # H060000649643CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **2HG LLC**

The name and address of the registered agent and office is Mike Leahy, 2544 N Dover Road, Dover, Florida 33527. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Mike LeahyDate: 03/09SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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