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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Aicer: LUNT				
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EXAMINER				
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SECRETARY OF STATE VALLAHASSEE, FLORIDA

MAR -1 PM 2: 03

COVER LETTER

Registration Section

Division of Co	orporations		
SUBJECT: 175	1HPB LLC Name of Limite		
	Name of Limite	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
BRET	T ENGELHARD)	
		Name of Person	
1751	HPB LLC		
		Firm/Company	201 SE AL
151	N. NOR HILL ROW	A #276	2010 MAR - 1 SECRETARY ALLAHASS
	TON PICE HO	Address	ASS -
Plan	tahow FE 33:	324	PH PH
	City	y/State and Zip Code	
beng	elhard a bellsan E-mail address: (to be used for	324 y/State and Zip Code 44. so t or future annual report notification)	20 S
	concerning this matter, please		
Ratt E	v se thurs	at (957/) 236-6 Area Code & Daytime Telep	2629
Name	of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must end with the words "Limited Liability"	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	, , ,
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
151 N. NOB / HU ROAD	151 N. Nos /hill Road
Planta how, FZ 33324	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual organother
The name and the Florida street address of the re	gistered agent are:
Stefani Engolh	3777
151 N. Nob /h/	ess (P.O. Box NOT acceptable)
Planta hon City, Stat	FL 33324 e. and Zip
	ccept service of process for the above stated limited

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Bre H Enge Hurs 151 N. Nob Hill Road #276 Plunts pon, F238324		
MERM	Jored Mclachlan 151 N. Nos Hill Road, #276 Plante DON, 17 33324		
		2010 MAR - SECHETA	T
		- PH 2: RY OF STA	
(Use attachment if necessary)		EDA CO	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be o or 90 days after the date of filing.) REQUIRED SIGNATURE:		(OPTIONA usiness day	
Both			
(In accordance with sec of this document constitute that the facts stated her	thus I		
Ty	ped or printed name of signee		

Filing Fees:

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

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