

# L 12000023343  
 From: Fallace & Larkin To: (850)617-6383 02/16/2012 10:54 #238 P.001/002  
 Division of Corporations Page 1 of 1

Florida Department of State  
 Division of Corporations  
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 Fax Number : (850)617-6383

From: Account Name : FALLACE & LARKIN, L.C.  
 Account Number : I20000000191  
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FLORIDA LIMITED LIABILITY CO.  
 HP Lender, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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K. SALLY  
 EXAMINER  
 FEB 17 2012

From: Fallace & Larkin

To: 18506176383

02/16/2012 16:54

#238 P.002/002

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company is: **HP Lender, LLC**

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

678 Reisterstown Road  
Baltimore, MD 21208

**Mailing Address:**

678 Reisterstown Road  
Baltimore, MD 21208

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TALLAHASSEE, FLORIDA


**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

David G. Larkin  
1900 S. Hickory Street, Ste. A  
Melbourne, FL 32901

*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.*

  
Signature of Registered Agent

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)**

Title:

Name and Address:

"MGR" = Manager  
"MGRM" = Managing Member

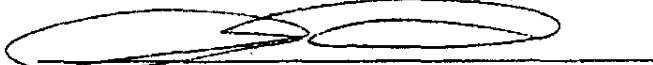
MGRM

Carl J. Verstandig  
678 Reisterstown Road  
Baltimore, MD 21208

Required Signature:

  
Signature of a member or an authorized representative of a member

(In accordance with § 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for me in § 871.155, Fla. Stat.)

  
Typed or printed name of signee

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