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COVER LETTER

. :

TO: New Filing Section Division of Corporations
SUBJECT: HYL Investing LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leeanne Peoples Name of Person
N/A Firm/Company
400 Capital Circle Southeast, Suite 18184
Tallahwser, FL 32301 City/State and Zip Code
Lee anne. Peoples @yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leeanne Paoples at (850) 510 - 7438 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \(\) \$130.00 Filing Fee \(\) Certificate of Status \(\) (additional copy is enclosed) \$2160.00 Filing Fee, Certificate of Status \(\) Certificate of Status \(\) (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: ne name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
400 (apitul Circle Southeast > Same Suite 18184 Tallahasse, FC 32301
RTICLE 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 nother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Leeanne Poople Name
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32301 City State Zip
aving been named as registered agent and to accept service of process for the above stated limited liability company at the accept service of process for the above stated limited liability company at the accept the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I rither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I is a familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)

(CONTINUED)

AND NOV 20 PM 1: 01

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager A MBA & MGA Leegane People Leegane Peo

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed 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)