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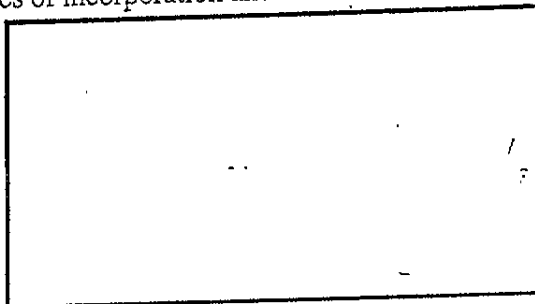
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hogbodus of Charlotte Harbor, LLC
(Proposed corporate name - must include suffix)

700003457537--6
-11/08/00--01074--001
****125.00 ****125.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :



FROM:

Douglas F. Baker

(Name (Printed or typed))

5007 S.W. 11th Court

Address

Cape Coral, FL 33914

City, State & Zip

941-281-1660

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -8 AM 12:22

FILED

mtw

11/14

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HGOBODYS OF CHARLOTTE HARBOR, LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

5007 S.W. 11th Court, Cape Coral, FL 33914

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Douglas F. Raker

Name

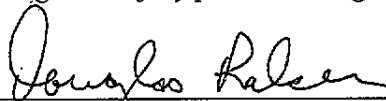
5007 S.W. 11th Court

Florida street address (P.O. Box NOT acceptable)

Cape Coral, Florida 33914

City, State, and Zip

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

Article IV – Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 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.)

Douglas F. Raker

Typed or printed name of signee

Filing Fees:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
NOV - 8 AM 12: 22
CLERK OF STATE
TALLAHASSEE, FLORIDA