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L02000002064a Division of Corporations

Florida Department of State

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To:

Division of Corporations

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: (850)205-0383

From:

Account Name

: STEVEN M. CHAMBERLAIN, P.A.

Account Number : 120010000119

Phone

: (352)375-8540

Fax Number

: (352)375-8554

LIMITED LIABILITY COMPANY

HSI LEVY, LC

Certificate of Status	0
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	\$125.00
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PIVISION OF CORPORATION

H02000180668 4 ARTICLES OF ORGANIZATION OF HSI_LEVY, LC

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- HSI LEVY, LC

 I. Name. The name of the limited liability company (hereinafter "company") is HSI LEVY, LC.
- 2. Existence. The company shall have perpetual existence. The company shall commence existence on August 13, 2002.
- 3. <u>Location</u>. The mailing address of the Company is 618 NE 1st Street, Gainesville, FL 32601 and the street address of the principal office of the company is 618 NE 1st Street, Gainesville, FL 32601.
- 4. Registered Agent. The street address in the State of Florida of the initial registered office of the company is 618 NE First Street, Gainesville, FL 32601 and the name of its initial registered agent at such address is Steven M. Chamberlain.
- 5. <u>Management.</u> The company shall be managed by one or more Managers as set forth in the Membership Agreement.

The undersigned, being an authorized representative of a member of the company, for the purpose of forming a Florida limited liability company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

Steven M. Chamberlain, Authorized Representative August 13, 2002

The undersigned hereby accepts his appointment as registered agent for HSI LEVY, LC and declares that he is familiar with and accepts the duties and obligations as registered agent as provided for in chapter 608 Florida Statutes (2001).

Steven M. Chamberlain

August 13, 2002

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