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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

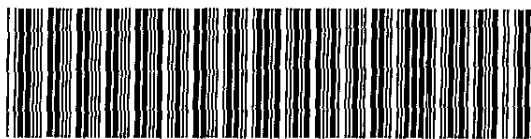
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
03 JUL -2 PM 12:56

H Tex, LLC
4500 PGA Boulevard, suite 207
Palm Beach Gardens, FL 33418
telephone: 561 691-9050
facsimile: 561 622-1851

June 30, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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Re: H Tex, LLC

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Organization and Designation of Registered Agent for H Tex, LLC. I am also enclosing a check in the amount of \$160.00 as payment of the filing fees, certified copy fee, and Certificate of Status.

Please file this document and return the certified copy to me at your earliest convenience. Thank you.

Sincerely,

Otto B. DiVosta /
jm

Otto B. DiVosta

/me
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H Tex, 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:

Otto B. DiVosta
(Name of Person)

Harmony of Hobe Sound, Inc.
(Firm/Company)

4500 PGA Boulevard, Suite 207
(Address)

Palm Beach Gardens, FL 33418
(City/State and Zip Code)

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For further information concerning this matter, please call:

Phillip L. Brandt at (561) 691-9050
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
H Tex, LLC

ARTICLE II - Address:

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

Principal Office Address:

4500 PGA Boulevard, Suite 207
Palm Beach Gardens, FL 33418

Mailing Address:

4500 PGA Boulevard, Suite 207
Palm Beach Gardens, FL 33418

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

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

Otto B. DiVosta

Name

4500 PGA Boulevard, Suite 207

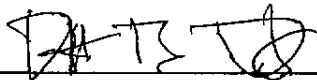
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33418

City, State, and Zip

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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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

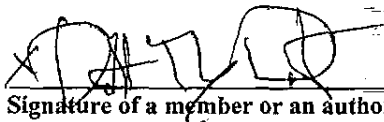
Otto B. DiVosta
4500 PGA Boulevard, Suite 207
Palm Beach Gardens, FL 33418

MGR
Otto B. DiVosta

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

4500 PGA Boulevard, Suite 207

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)

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