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417 E. Virginia Street, S	ONNECTION, INC. Suite 1 • Tallahassee, Florida 32301 00-342-8062 • Fax (850) 222-1222	FILLED BURNER 33
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HMC, LLC

S JUL 23 PALE 33 ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is

1200 N. 35th Avenue

Hollywood, Florida 33021 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

······································	Name	
2 Heritag	je Way	
Florida street	addreas (P.O. 1	Box NOT acceptable
Sewall's	Point	WI.34996

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 is, therefore, a manager - managed dompany.

(An additional article must be added if an effective date is requested) Herlee Management Co., Inc.

President By:

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.)

Herbert Kallen, Pres.

Typed or printed name of signee

Fling 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)