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**Homer P. Appleby**  
*Appleby Law*  
**One Park Place**  
**621 NW 53<sup>rd</sup> Street, Suite 240**  
**Boca Raton, FL 33487**

FILED  
03 NOV 17 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Telephone: (561) - 995-1432      Email: happleby@earthlink.net      Facsimile: (561) 995-1439

November 10, 2003

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

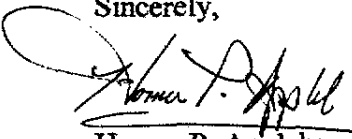
Re:    H AND L 6195 DAVIE, LLC  
       H AND L 9955 PLANTATION, LLC

Dear Sir or Madam:

Enclosed are an original and one copy of the Articles of Organization for each of the two new Florida limited liability companies referenced above. Also enclosed are two separate checks payable to the Department of State, each in the amount of \$125, for the filing fee and designation of Registered Agent for each company.

For further information concerning this matter please email or call me at the numbers given above. Thank you for your attention to this matter.

Sincerely,

  
Homer P. Appleby

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
03 NOV 17 AM 10: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

H AND L 6195 DAVIE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

20242 SW 52nd Place

Ft. Lauderdale, FL 33332

**Mailing Address:**

P.O. Box 291351

Davie, FL 33314

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

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

Samuel Kennison

Name

8761 SW 53rd Street

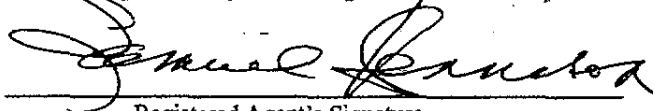
Florida street address (P.O. Box **NOT** acceptable)

Cooper City

FLORIDA 33328

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, Florida Statutes..*



Registered Agent's Signature

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03 NOV 17 AM 10:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Hans Lysfjord

20242 SW 52nd Place

Ft. Lauderdale, FL 33332

MGRM

Lori Lysfjord

20242 SW 52nd Place

Ft. Lauderdale, FL 33332

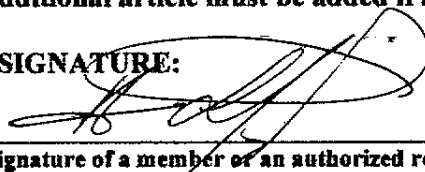
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(Use attachment if necessary)

**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.)

Hans Lysfjord

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)

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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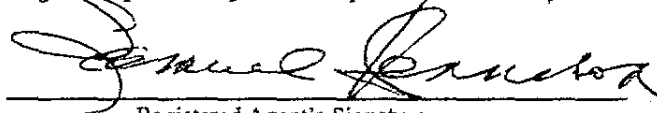
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Registered Agent's Signature

FILED

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**Title:**

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"MGRM" = Managing Member

**Name and Address:**

FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Hans Lysfjord

20242 SW 52nd Place

Ft. Lauderdale, FL 33332

MGRM

Lori Lysfjord

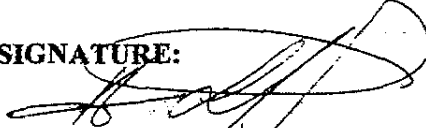
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