

03/04/2004

03:48

CORPORATE &amp; CRIMINAL RESEARCH SERVICES

03:41

081

# L04000017349

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000046728 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

Division of Corporations  
Fax Number : (850) 205-0383

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

**From:**

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

0153.24058

## LIMITED LIABILITY COMPANY

HTS, LLC

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

04 MAR - 3 7:52  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

RECEIVED  
04 MAR - 4 PM 2:54  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 4, 2004

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: HTS, LLC  
REF: W04000008787

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must change the agent's address in Article 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H04000046728  
Letter Number: 304A00014580

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -3 AM 7:52

H04000046728

**ARTICLES OF ORGANIZATION  
OF  
HTS, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is HTS, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2020 Land of Lakes Blvd., Suite 9, Lutz, FL 33549.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: 2020 Land of Lakes Blvd., Suite 9, Lutz, FL 33549

The undersigned has executed these Articles of Organization on the 3<sup>rd</sup> day of March, 2004.

HTS, LLC

By: Shawn Mesa

Shawn Mesa

Member's Authorized Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -3 AM 7:52

H04000046728

H04000046728

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: HTS, LLC.
2. The name and address of the registered agent and office is:  
2020 Land of Lakes Blvd., Suite 9, Lutz, FL 33549

*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 its 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.*

Shawn Mesa  
Shawn Mesa, Registered Agent

March 3, 2004  
(Date)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -3 AM 7:52

H04000046728