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(Address)

(City/State/Zip/Phone #)

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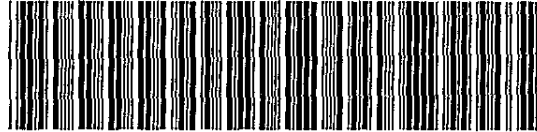
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Fl 32314  
(850) 245-6051

SUBJECT: HSSK INVESTMENT GROUP, L.L.C  
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:

Sookranie Roopchand  
(Name of Person)

5250 S.W. 178<sup>th</sup> Ave  
Street address

S.W Ranches, Fl 33331  
City, State, Zip

For further information concerning this matter, please call:

Sookranie Roopchand at (954) 577-0772 or email nita@bmtj2.com

**Street Address:**  
Registration Section  
Division of Corporation  
407 E. Gaines Street  
Tallahassee, Florida 32399

**Mailing Address:**  
Registration Section  
Division of Corporation  
P.O Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE 1 - Name**

The name of the Limited Liability Company is:

HSSK INVESTMENT GROUP, L.L.C.

**ARTICLE 11 - Address:**

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

**Principal Office Address:**

11776 West Sample Road  
Suite # 106  
Coral Springs, Fl 33065

**Mailing Address:**

5250 S.W 178 Ave  
South West Ranches, Fl 33331

**ARTICLE 111 - Registered Agent, Registered Office, & Registered Agent's Signature:**

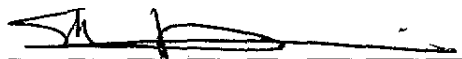
The name and the Florida street address of the registered agent are;

Sookranie Roopchand  
Name

5250 S.W 178 Ave.  
Florida Street address

South West Ranches, Florida 33331  
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 any 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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TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

<u>Title:</u>	<u>Name and Address</u>
MANAGER	SOOKRANIE ROOPCHAND 5250 SW 178 AVE SOUTH WEST RANCHES, FL 33331
MANAGING MEMBER	HEMRAJ ROOPCHAND 5250 SW 178 AVE SOUTH WEST RANCHES, FL 33331

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the exception of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sookranie Roopchand

Typed or printed name of signee