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LAW OFFICES OF
ANDREW H. RAPPEPORE, P.A.
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J. BRYAN MAY 1 8 2004

$\c ARTICLESOFORGANIZATIONFORFLORIDALIMITED LIABILITY COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:	10.
HCR123, L	
ARTICLE II - Address: The mailing address and street address of the princip	•
Principal Office Address:	Mailing Address:
10600 NW 8/st Street Tanarac, FC 33321	10600 NW 8/st Street
ARTICLE III - Registered Agent, Registered Off	ice, & Registered Agent's Signature:
The name and the Florida street address of the regist	tered agent are:
Andrew Rappe Name 1221 Kane Conc	00150
Florida street address (P.O. Box	NOT acceptable)
Bay Harbor Is. FI. City, State, and Zi	<u>33/37</u>
Having been named as registered agent and to accept liability company at the place designated in this certification registered agent and agree to act in this capacity. If statutes relating to the proper and complete performs accept the obligations of my position as registered agent.	ficate, I hereby accept the appointment as further agree to comply with the provisions of all ance of my duties, and I am familiar with and
Registered Agent's Sig	gnature =
·	
(CONTINUED))

ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGKM	10600 NW 8LST Street
	Tomarac F1. 33324
· .	
:	
	- 200
(Use attachment if necessary)	added if an effective date is requested
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
X Alland	1. It allows
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	on 608.408(3), Florida Statutes, the execution tess an affirmation under the penalties of perjury
J }	
· Humbe	d or printed name of signee
Lypo	a or brounds vience of pictors

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)