

Florida Department of State

Division of Corporations Public Access System

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

Account Name : A 1 A CORPORATE SERVICES, INC

Account Number : 120010000247 Phone : (305)674-3313 Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

HDM SF-WLAKES4 LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE 1: NAME

The name of the Limited Liability Company is:

HDM SF-WLAKES4 LLC

ARTICLE II: Address

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

15797 SW 20th Street Davie, FL 33326-5041

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Hope Doyles-Martin

15797 SW 20th Street

Davle, FL 33326-5041

Having been named as registered agent 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.

Hope Doyles-Martin / Registaged Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

Managing Member: Hope Dovies-Martin 15797 SW 20th Street Davie, FL 33326-5041

Signature of a member oc 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.)

Hope Doyles-Martin