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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 804934 81011A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 14, 2004

ORDER TIME : 9:45 AM

ORDER NO. : 804934-010

CUSTOMER NO: 81011A

CUSTOMER: Nicole Lodato  
Holcomb & Mayts, P.a.

Suite 200  
106 South Tampania Avenue  
Tampa, FL 33609

DOMESTIC FILING

NAME: HFPS2, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: \_\_\_\_\_

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

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**ARTICLE I  
NAME**

The name of the Limited Liability Company is HFPS2, LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 4010 State Street, Tampa, FL 33609.

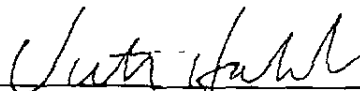
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of July 15, 2004.

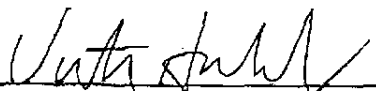
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 106 South Tampa Avenue, Suite 200, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire