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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HD Enterprise, LLC (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:	
Ray F. Hunter (Name of Person)	
Treasure Coast Realty Services	
(Firm/Company)	
P.O. Box 8563 (Address)	
Port St Lucie, Florida, 34985 (City/State and Zip Code) For further information concerning this matter, please call:	
Ray Hunter at (772) 215-7625 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
2 \$125.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	-
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	- , ,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	av ic.	RTICLE I - Name: he name of the Limited Liability Comp		
	19 15.	he hame of the Elimited Liability Comp		
		D Enterprise, LLC		
npany is	the principal office of the Limited Liability Com	RTICLE II - Address: he mailing address and street address o		
	Mailing Address:	rincipal Office Address:		
	P.O. Box 8563	334 SW Fern Circle		
•	Port St. Lucie, FL 34985	ort St. Lucie, FL 34953		
e :	tered Office, & Registered Agent's Signature 'the registered agent are:	RTICLE III - Registered Agent, Reg		
		Ray F. Hunter		
	Name			
	2334 SW Fern Circle			
	eet address (P.O. Box NOT acceptable)	Florida s		
	FL	Port St. Lucie, FL 3495		
	State, and Zip	City		
e:	tered Office, & Registered Agent's Signature the registered agent are: Name eet address (P.O. Box NOT acceptable) FL	RTICLE III - Registered Agent,		

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.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	P.O. Box 8563 Port St. Lucie, FL 34985			
MGRM	Ricky Duffield 2334 SW Fern Circle Port St. Lucie, FL 34953			
	Full St. Lude, FL 34333			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.			
(In accordance with section of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)			
Ray F, Hunter Typed	or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)