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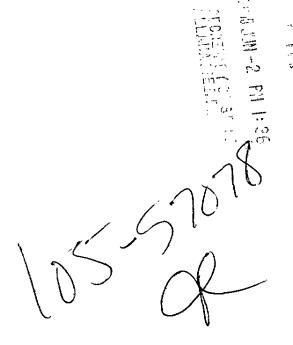
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HESCO Holdings LLC	IT LETTER O			
(Name of Limited	d Liability Company)			
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Samuel E. Perri, Jr.				
0	Name of Person)			
United Dayslanmant Company 11 C				
United Development Company, LLC	Firm/Company)			
501 Goodlette Road, Bldg: D-100				
	(Address)			
Naples, Florida 34102				
(City/State and Zip Code)				
For further information concerning this matter, please of	call:			
Samuel E. Perri, Jr.  (Name of Person)	at ( 239 ) 213-0200			
(Name of Ferson)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
□ \$125.00 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327			
Tallahassee, Florida 32399	Tallahassee, Florida 32314			

RITCLESO	FORGANIZATION	FOR FLORIDA LIMITED L	JABILITY COMPANY
ARTICLE I - The name of the	Name: ne Limited Liability Co	mpany is:	
HESCO Holding	gs LLC		
ARTICLE II The mailing ac		s of the principal office of the Lin	aited Liability Company is:
Principal Offi	ice Address:	<b>Mailing Address:</b>	
501 Goodlette F	₹d	501 Goodlette Rd	
Bldg: D-100		Bldg: D-100	<u> </u>
Naples, FL. 341	02	Naples, FL. 34102	<del></del>
	Samuel E. Perri, Jr.	Name	
	1239 Frank Whitem	an Blvd.	_
	Florie	da street address (P.O. Box NOT accepta	able)
	Naples	FL 34103	_
	(	City, State, and Zip	
liability co registered age statutes rela	mpany at the place desig ent and agree to act in th ting to the proper and co	ent and to accept service of process gnated in this certificate, I hereby a sis capacity. I further agree to compomplete performance of my duties, on as registered agent as provided	occept the appointment as ply with the provisions of all and I am familiar with and
	Registe	ered Agent's signature	
			1 2

(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	Hilary D. Brodsky		
	210 Royal Doulton Ct.		
	Gibsonia, PA. 15044		
MGRM	Edward H. Brodsky		
	210 Royal Doulton Ct.		
	Gibsonia, PA. 15044		
MGRM	Samuel E. Perri, Jr.		
	1239 Frank Whiteman Blvd.		
•	Naples, FL. 34103		
	· <u></u>		
(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 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.)

Samuel E. Perri, Jr.

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)