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| (Re                                     | questor's Name)   |             |
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4. BRYMAN JUL 2 9 2005

## TRANSMITTAL LETTER

TO:

| TO: Registration Section Division of Corporations                    |  |  |
|--|--|--|
| SUBJECT: HGR B7L2 INVESTMENTS, LLC                                   |  |  |
| (Name of Limite  | ed Liability Company)  |  |
| The enclosed Articles of Organization and fee(s) are                 | _  |  |
| Please return all correspondence concerning this matt                | er to the following:   |  |
|  | RAY CASIAS (Name of Person)  |  |
| •  | (value of reison)  |  |
| HGR B  | 7L2 INVESTMENTS, LLC   |  |
|  | (Firm/Company)   |  |
| 755 (  | Grand Blvd. B105-214   | 2005   |
| 733 (  | (Address)  |  |
|  | (11=10)  | 26 Z   |
|  | mar Beach, FL 32550  | 2005 JUL 26 PK 2: 46   |
| (City  | y/State and Zip Code)  | OR LO  |
| For further information concerning this matter, please               | e call:  | DA DE  |
| AMANDA PEREZ   | at ( 850 ) 267-1400  |  |
| (Name of Person)   | (Area Code & Daytime To  | elephone Number)   |
| Enclosed is a check for the following amount:                        |  | ,  |
| □ \$125.00 Filing Fee  □ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| STREET ADDRESS:  | MAILING A  | DDRESS:  |
| Registration Section   | Registration S   | ection   |
| Division of Corporations<br>409 E. Gaines Street                     | Division of Co<br>P.O. Box 632                                       |  |
| Tallahassee, Florida 32399   | Tallahassee, F   |  |

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY   |   |  |
|--|---|--|
| ARTICLE I - Name: The name of the Limited Liability Compar   | STMENTS, LLC  |  |
| HGR B7L2 INVE  | STMENTS, LLC  |  |
| ARTICLE II - Address:  | he principal office of the Limited Liability Company is:  |  |
| Principal Office Address:  | Mailing Address:  |  |
| 755 Grand Blvd.  | 755 Grand Blvd.   |  |
| B105-214   | B105-214  |  |
| Miramar Beach, FL 32550  | Miramar Beach, FL 32550   |  |
|  | ANDA PEREZ Name   |  |
| 220  | ) Hwy 393 N.  |  |
| Florida street address (P.O. Box NOT acceptable)   |   |  |
| Santa Ros  | a BeacherFL 32459   |  |
| City, 9  | State, and Zip  |  |
| liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complaceept the obligations of my position as | and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S |  |
| <b>G</b>   |   |  |

(CONTINUED)

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

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

| <u>Title:</u>            | Name and Address:                      |  |
|--------------------------|--|--|
| "MGR" = Manager          |  |  |
| "MGRM" = Managing Member |  |  |
| AUTHORIZED REP.          | RAY CASIAS                             |  |
|                          | 755 Grand Blvd. B105-214               |  |
|                          | Miramar Beach, FL 32550                |  |
| MGRM                     | Nevada Real Estate Adventures, LLC     |  |
|                          | يم يى                                  |  |
|                          | Miramar Beach, FL 32550                |  |
| MGRM                     | Liberty Legal Research, LLC            |  |
|                          | 755 Grand Blvd. B105-173               |  |
|                          | Miramar Beach, FL 32550                |  |
| xxxxxxxxxxxxxx           | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |  |
|                          |  |  |
|                          |  |  |

(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.)

RAY CASIAS, AUTHORIZED REPRESENTATIVE

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)