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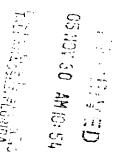
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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OS NOV 30 PM 1: 04 SECRETARY OF STATE





ON SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE: 729864 7266798
AUTHORIZATION: Cong barn
COST LIMIT: \$ 155.00
REFERENCE: 729864 7266798 AUTHORIZATION: Const Limit: \$ 155.00 ORDER DATE: November 30, 2005
ORDER TIME: 10:37 AM
ORDER NO. : 729864-005
CUSTOMER NO: 7266798
DOMESTIC FILING
NAME: HEMBRIGHT, LLC
EFFECTIVE DATE:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
CONTACT PERSON: Cindy Harris - EXT. 2937
EXAMINER'S INITIALS:

ARTICLE I - Name:		e .
The name of the Limited I	Liability Company i	nited Company" or their abbreviation "LLC," or "L.C." or "L.C." principal office of the Limited Liability Company is:
Indian Creek International LLC	2	# 5 T
(Must end with the words "Limited	l Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C."
ADDICT TO THE ADDICE.		K. W. C.
ARTICLE II - Address:	treet address of the	principal office of the Limited Liability Company is:
The maining address and si	neet address of the	principal diffice of the Extinced Elability Commany is.
Principal Office Address	<u>:</u>	Mailing Address:
519 Eighth Avenue		519 Eighth Avenue
New York, NY 10018		New York, NY 10018
The name and the Florida	street address of the	registered agent are:
Corpora	Name Name	ıe
		•
1201 Ha	rys Street	
	Florida street a	ddress (P.O. Box NOT acceptable)
	rea	****
Tallahas	acc	FL 32301
Tallahas	City, State	
Having been named as reg liability company at the registered agent and agree statutes relating to the pr	City, State gistered agent and to e place designated in e to act in this capac coper and complete p	

By: CIMILIA & Harris
Registered Agent's Signature (REQUIRED) as its agent

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Antonio Thomas International Corporation
	519 Eighth Avenue
	New York, NY 10018
(Use attachment if necessory)	<u> </u>
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTION.
LE V: Effective date, if other Tective date is listed, the date	than the date of filing: (OPTIONAL must be specific and cannot be more than five business dates
LE V: Effective date, if other	than the date of filing: (OPTIONAL must be specific and cannot be more than five business day
LE V: Effective date, if other Tective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business date.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business day
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTION and the specific and cannot be more than five business date
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTION a must be specific and cannot be more than five business date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this document)	than the date of filing: must be specific and cannot be more than five business da Solution

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)