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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Picase	return all correspondence concerning this matter to the following:
	MICHAEL DUNN (Name of Person)
	HD INVESTMENTS LLC (Firm/Company)
	9847 NW 26 5T. (Address)
	SUNRISE, FL 33322 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Mic	(Name of Person) at (954) 643 - 2456 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
<b>₹</b> \$125	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
HD INVESTMENTS (Must end with the words "Limited Liability Company, "Limit	LLC ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9847 NW 26 ST. SUNRISE, FL 33322	9847 NW 26 ST. SUNRISE, FL 33322
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
MICHAEL DI	707 19 1
9847 NW 26 Florida street add	dress (P.O. Box NOT acceptable)
	FL 33322 REAL STATES
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all prformance of my duties, and I am familiar with and steeled agent as provided for in Chapter 608, F.S
	mo (rackonara)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MICHAEL DUNN 9847 NW 26 ST. SUNRISE, FL 33322
MGR	BRADETTE JEPSEN 9847 NW 26 ST. SUNRISE, FL 33322
40.	
	date of filing: $Nov. 21, 2005$ . (OPTIONAL) e specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
Signature of a member (In accordance with see of this document constitute that the facts stated in the fac	ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury herein are true.)  ARC DUNN  Ped or printed name of signee
Signature of a member (In accordance with see of this document constitute that the facts stated in the fac	ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury herein are true.)