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Account Name : FOLEY & LARDNER Account Number : 072720000061 Phone : (904)359-2000

Fax Number

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

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Hodge, Valerie R.

Foley & Lardner LLP

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Jacksonville Fax Cover Page

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FOLEY & LARDNER LLP ATTORNEYS AT LAW

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то:	PHONE#:	FAX#:
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From:	Valerie R. Hodge	
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## MESSAGE:

Please see attached.

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CUENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

FOLEY & LARDNER LLP

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is: HIBCO, LLC

#### ARTICLE II - Addresses:

The mailing address of the principal office of the Limited Liability Company is: P.O. Box 3499, Ponte Vedra Beach, FL 32004-3499.

The street address of the principal office of the Limited Liability Company is: 4306 Pablo Oaks Court, Jacksonville, FL 32224.

# ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

# Luther W. Coggin

Name

4306 Pablo Oaks Court

Florida street address (P.O. Box NOT acceptable)

# Jacksonville, Florida 32224

City, State, and Zip

Having heen named as registered agent and to accept service of process for the above\_stated limited 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 completed performance of my duties, and I am familiar with und accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Luther W. Coggin

(An additional article must be added if an effective date is requested)

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 penaltics of perjury that the facts stated herein are true.)

Luther W. Coggin, Authorized Representative
Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL) FILED AND: 24
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