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(Re	equestor's Name)	, , , , , , , , , , , , , , , , , , , ,
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COVER LETTER

TO: Registration Se Division of Cor			 	
SUBJECT:	ughes Resident	ntial Group, L H Liability Company)	<u> </u>	_
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Carissa 1	Hughes Name of Person)	<u> </u>	
	•	In that Group, L Firm/Company)	1.20	2006 JAN 30
	P.O. BOX 90	065	·- <u></u>	# OF
		•		O F
	Lakeland	F1 33804-00 /State and Zip Code)	265	N 30 PM W 45
	City	/State and Zip Code)		PH L L5
For further information	concerning this matter, please	call:		
Carissa (Name	e Hyghes of Person)	at (863) 006 (Area Code & Daytime Te	70-7/13 :lephone Number)	
Enclosed is a check for	or 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 Fill Certificate of S Certified Copy (additional copy is	status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	- , -	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hughes Residential Group, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

rincipal Office Address:	Mailing Address:
865 Rockingham Rd.	P.O. Box 90065
865 Rockingham Kd. Lakeland, FY 33809	Lakeland, FL 33804-0
	stered Office, & Registered Agent's Signatur
s Limited Liability Company cannot serve as its own siness entity with an active Florida registration.)	n Registered Agent. You must designate an individual or anoth
ne name and the Florida street address of	of the registered agent are:
_	
Car 1230	C MUANES E
	Name
	Name 3
865 Ros	ckinghan Rd. 3
865 Roc Florida si	reet address (P.O. Box NOT acceptable)
865 Ros	reet address (P.O. Box NOT acceptable)

(CONTINUED)
Page 1 of 2

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.)

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)