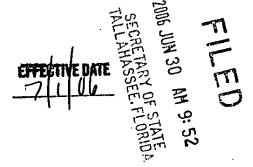
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(Re	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
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VISIGN OF COMPONATIONS

TAILORS

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COVER LETTER

TO: Registration Section Division of Corporations			EFFEUTIVE DATE
SUBJECT: H-LTH, LLC			13 25
(Name of Limite	d Liability Compa	ny)	Con les
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing		TALLAHASSEE, FLORION
Please return all correspondence concerning this matter	er to the following:		. FLY 9. 5
Kenneth P. Gummels			JAIL C
	Name of Person)		
H-LTH, LLC			
	(Firm/Company)		
PO Box 27790			
	(Address)		
Panama City, FL 32411-779	0		
	/State and Zip Code))	
For further information concerning this matter, please	call:		
Kenneth P. Gummels	at (850	233-880	0
(Name of Person)		& Daytime T	elephone Number)
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{ Status}\$ Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns · Circle





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CON

A	RT	F	T _ 3	Nan	
- /4		 . M .		เขาก	10.

The name of the Limited Liability Company is:

H-LTH, LLC					
(Must end with the words	"Limited Liability Company	, "Limited Company"	or their abbreviation '	"LLC," or "L.	.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Addi	ss: <u>Mailing Address:</u>
1-LTH, LLC	H-LTH, LLC
545 Wahoo Road	PO Box 27790
Panama City, FL 32408	Panama City, FL 32411-7790
The Limited Liability Companions business entity with an active The name and the Flori	ered Agent, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an individual or another lorida registration.) a street address of the registered agent are:
	Name
803	N. Calhoun Street
	Florida street address (P.O. Box <u>NOT</u> acceptable)
Tail	nassee, FL 32303
	City, State, and Zip

Having been 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Manager Blue Heron, LLC 3993 Howard Hughes Parkway, Suite 250 Las Vegas, NV 89109 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: July 1, 2006 _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an aythorized 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.) Kenneth P. Gummels 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)