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EXAMINER



ACCOUNT NO. : 072100000032 REFERENCE: 4 AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE: March 18, 2008 ORDER TIME : 3:48 PM ORDER NO. : 491239-005 CUSTOMER NO: 7527475 DOMESTIC FILING NAME: HCS 1, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
HCS 1, LLC	
(Must end with the words "Limited Liability Cor	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	5 7 3 3 S
	ss of the principal office of the Limited Liability Company is:
-	92
Principal Office Address:	Mailing Address:
1001 East Telecom Drive	1001 East Telecom Drive
Boca Raton, Florida 33431	Boca Raton, Florida 33431
The name and the Florida street addr Corporation Service	
1201 Hays Street	
	rida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	City, State, and Zip
liability company at the place des registered agent and agree to act in a statutes relating to the proper and accept the obligations of my posi Corporation Servi	gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S Kimberly B. Moret as its agent gent's Structure (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR/CEO	Larry D. Silver	
	1001 East Telecom Drive	
	Boca Raton, Florida 33431	
MGR/P	B. Judson Honaker, Jr.	
	1201 Central Park Blvd.	
	Fredericksburg, VA 22401	
(Use attachment if necessary)		
TCLE V: Effective date, if other than the	e date of filing:be specific and cannot be more than five	. (OPTIONAL) business days pr
90 days after the date of filing.)	•	, -

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.)

By: Jesse A. Holshouser, III, CFO, Authorized Representative

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)