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SECRETARY OF STATE

COVER LETTER

TO:	O: Registration Section Division of Corporations		
SUBJI	(Name of Limited Liability Company)		
The en	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Harold L. Henderson		
	(Firm/Company)		
	4731 Bonita Bay Blud PH 301		
	Bonifa Springs, Fl 34/34 (City/State and Zip Code)		
For fur	ther information concerning this matter, please call:		
4	(Name of Person) at (239) 947-7743 (Area Code & Daytime Telephone Number)		
Enclos	ed is a check for the following amount:		
]\$ 125.	00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	HFC2, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street-address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
H731 Bont & Bay BLUD OH 301 Bont & Springs FL 34134 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:		
Name	Ray Horton Res 3	
6837 Cubits A Arcadia City, State, at Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ress (P.O. Box NOT acceptable) Ave, 1332 and Zip 34266 accept service of process for the above stated limited as certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all formance of my duties, and I am familiar with and the tered agent as provided for in Chapter 608, F.S	

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCRM - Wallaging Welhoel	Harold L. Henderson 4731 Bonsta Bas Blue PH30 Bonsta Springs FL 3413 4
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: Apri / 4, 2008. (OPTIONAL) e specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	SECRETAS ALLASAS
Signature of a member	er or an authorized representative of a member
(In accordance with second this document constant that the facts stated here.)	ction 608.408(3). Florida Statutes, the execution itutes an affirmation under the penalties of perjury.
·	L. HENDERSON
Ту	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga of Registered Agent	nization and Designation

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)