# L08000036315

| (Requestor's Name)                      |  |
|-----------------------------------------|--|
| (Address)                               |  |
| V                                       |  |
| (Address)                               |  |
|                                         |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| •                                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| ,                                       |  |
| Certified Copies Certificates of Status |  |
|                                         |  |
| Special Instructions to Filing Officer: |  |
|                                         |  |
|                                         |  |
|                                         |  |
|                                         |  |
|                                         |  |

Office Use Only



600122018896

04/10/08--01024--002 \*\*125.00

OB APR 10 AMII: 35 OB APR 10 PM 4: 09

CENTRAL OF SIATE SECRETARY OF STATE
OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE

B. KOHR
APR 1 0 2008
EXAMINER

#### CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| USHHS, w                                                   | ALCREDA OR W.O.                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            | Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search |
| Signature                                                  | Officer Search  Fictitious Search  Fictitious Owner Search                                                                                                                                                                                                                                                                           |
| Requested by: $\frac{4}{10}$ $\frac{5}{10}$ Name Date Time | Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval                                                                                                                                                                                                                                                     |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of this Company shall be:

USHH5, LLC.

# ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2190 S. BELCHER ROAD, UNIT B, LARGO, FLORIDA 33771.

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

PATRICK M. O'CONNOR, ESQUIRE O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FLORIDA 33771

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.

O'CONNOR ASSOCIATES

By:

Patrick M. O'Connor, Registered Agent

OS NER 10 PH 1: 00

# ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

PATRICK M. O'CONNOR

(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.)