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(Requestor's Name)

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(City/State/Zip/Phone #)

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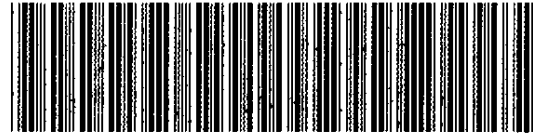
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. CLINE

JUN - 6 2008

EXAMINER

MARK EVANS KASS, P.A.

ATTORNEYS AT LAW

1497 NORTHWEST 7TH STREET

MIAMI, FLORIDA 33125

TELEPHONE (305) 541-2269

FACSIMILE (305) 541-7647

MARK EVANS KASS

OF COUNSEL

WARREN S. WEPMAN

VIA FED EX

June 4, 2008

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Charter Section

Re: H.D. Salvage, LLC

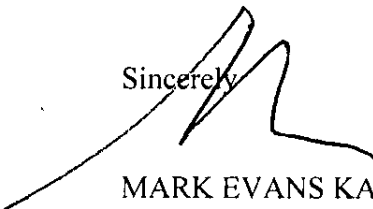
Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Organization of the above referenced LLC, together with this office's check for \$155.00 for filing fees.

Please file the Articles with the State of Florida and return a conformed copy to this office in the enclosed envelope.

Thank you for your cooperation in this matter.

Sincerely,



MARK EVANS KASS

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

H.D. SALVAGE, LLC

ARTICLE I- NAME

The name of this Limited Liability Company is: H.D. Salvage, LLC.

ARTICLE II-DURATION

This Limited Liability Company shall have perpetual existence.

ARTICLE III-PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV-INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office is:

2920 NW 157th Street, Miami Gardens, Florida 33054 and the name of the initial registered agent and resident agent of this limited liability company is :

Hencile Dorsey, Sr.
2920 NW 157th Street
Miami Gardens, Florida 33054

ARTICLE V- PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office the limited liability company is 2920 NW 157th Street, Miami Gardens, FL 33053 and mailing address is: PO Box 541453, Opa Locka, Florida 33054.

ARTICLE VII-MANAGEMENT

This limited liability company is to be managed by one or more members and is,

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therefore, a member managed company. The initial member and manager is Hencile Dorsey, Sr.

ARTICLES IX-MEMBERS

The names and addresses of the persons signing the Articles as Members are: Hencile Dorsey, Sr., 2920 NW 157th Street, Miami Gardens, Florida 33054.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this 30 day of May, 2008.


Hencile Dorsey, Sr.

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

BEFORE ME, a Notary Public authorized to take acknowledgments in the state and county set forth above, personally appeared Hencile Dorsey, Sr., who produced Florida Drivers License as identification or who is personally known to me and known to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal of the state and county aforesaid on this 30 day of May, 2008.

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NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

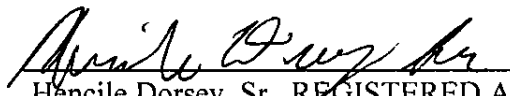
MY COMMISSION EXPIRES:



MARK E. KASS
Commission DD 633016
Expires March 19, 2011
Bonded Thru Troy Fahn Insurance 800-335-7019

**SIMULTANEOUS ACCEPTANCE OF APPOINTMENT AS REGISTERED
AGENT OF H.D. SALVAGE, LLC**

The undersigned, Hencile Dorsey, Sr. pursuant to Florida Statutes Chapter 608 hereby accepts the appointment as registered agent of H.D. Salvage, LLC and states that he is familiar with and accepts the obligations provided for in Florida Statutes Chapter 608.


Hencile Dorsey, Sr., REGISTERED AGENT

STATE OF FLORIDA)

)

COUNTY OF MIAMI-DADE)

BEFORE ME, a Notary Public authorized to take acknowledgments in the state

County set forth above, personally appeared Hencile Dorsey, Sr. who produced

Driver's License as identification or who is personally known to me and known to me to be the person who executed the foregoing Simultaneous Acceptance of Appointment as Registered Agent of H.D. Salvage, LLC.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal in the State and County aforesaid on this 30 day of May, 2008.



MARK E. KABSY, Notary Public, State of Florida at Large
Commission DD 633016
Expires March 19, 2011
Bonded Thru Troy Pain Insurance 800-365-7019

My commission Expires:

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