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To: Division of Corporations Fax Number : (850)617-6383 From: L. SELLERS AUG 142008	
Account Name : SCOTT M. GRANT, P.A. Account Number : 102603003131 Phone : (239)649-4848 Fax Number : (239)643-9810 Fax Number : (239)643-9810	
FLORIDA/FOREIGN LIMITED LIABILITY CO.	
Hugwalker Enterprises, LLC	
Certificate of Status 1 Certificate of Status 1 Certified Copy 0 Page Count 03	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Lisbility Company is:

HUGWALKER ENTERPRISES, LLC

ARTICLE II ADDRESS

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

> 5584 Williamson Way FL Myers, FL 33919

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the name and address of such Managing Members are:

> William B. Walker 5584 Williamson Way FL Myers, FL 33919

> Marilyn Hug 5584 Williamson Way Pt, Myors, FL 33919

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the basiness on the death, retirement, resignation, expulsion, bankrapicy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII REGISTERED AGENT

The name and address of the registered agent is:

William B. Walker 5384 Williamson Way FL Myers, FL 33919

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, Florida Statutes.

REGISTERED AGENT:

BULLA

William B.

These Articles are executed this \square day of $\square H \cup C \cup S \top$, 2008 by the undersigned initial Member of HUGWALKER ENTERPRISES, LLC, pursuant to Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGING MEMBER:

-BUlaski William B. Walks

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