

11/17/2008 17:22 FAX 2159779386

M. BURR KEIM COMPANY

W8000107136

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000258169 3)))



HDB0002581693ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

2008 NOV 18 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HDB ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE

NOV 19 2008

RECEIVED

08 NOV 18 AM 6:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help  
EXAMINER

((H08000258169 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HDB ENTERPRISES, LLC**

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

179 Sportsman Road  
Rotonda West, FL 33947

**Mailing Address:**

179 Sportsman Road  
Rotonda West, FL 33947

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**Carol Andrews-Grass**

Name

**179 Sportsman Road**

Florida street address (P.O. Box **NOT** acceptable)

**Rotonda West FL 33947**

City, State, and Zip

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H08000258169 3)))

FILED  
2008 NOV 18 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H08000258169 3)))

**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:**MGRMCarol Andrews-Grass178 Sportsman RoadRotonda West, FL 33947MGRMCori Hansen10406 Basil DriveCheltenham, MD 20623

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.)

Carol Andrews-Grass, Authorized Person

Typed or printed name of signor

**Filing Fees:**

- \$ 25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

(((H08000258169 3)))

2008 NOV 18 AM 9:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED