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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HBC Capital One, LLC

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ARTICLES OF ORGANIZATION OF HBC Capital One, LLC



Date: May 11, 2009



NAME

The name of the limited liability company shall be: HBC Capital One, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 27499 Riverview Center Blvd., #225, Bonita Springs, Florida 34134.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Michael Thiele, 27499 Riverview Center Blvd., #225, Bonita Springs, Florida 34134. Located in the County of Lee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Sabine E. Halboth, 27499 Riverview Center Blvd., #225, Bonita Springs, Florida 34134 Michael Thicle, 27499 Riverview Center Blvd., #225, Bonita Springs, Florida 34134

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: HBC Capital One, LLC

The name and address of the registered agent and office is Michael Thicle, 27499 Riverview Center Blvd., #225, Bonita Springs, Florida 34134. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Michael Thiele

Date: 05/19/2009

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SECRETARY OF STATE

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