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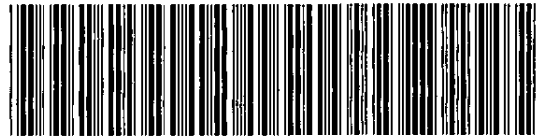
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 16 2009

EXAMINER

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

The undersigned hereby organizes a Limited Liability Company in accordance with the Florida Statutes and pursuant to the following Articles of Organization.

ARTICLE 1

Name

The name of this Limited Liability Company is: **HILLSBOROUGH BAY, LLC.**

ARTICLE 2

Mailing Address & Principal Office Address

The mailing address and principal office of this Limited Liability Company is: **18658 SAN RIO CIRCLE, LUTZ, FL 33549.**

ARTICLE 3

Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is **18658 SAN RIO CIRCLE, LUTZ, FL 33549**, and the name of the initial registered agent of this Limited Liability Company at that address is **ELIZABETH VU.**

Acceptance of Registered Agent

Having been named as registered agent to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment of 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 in Chapter 608, Florida Statutes.



ELIZABETH VU

ARTICLE 4

Managers/Managing Members

This Limited Liability Company is to be managed by the following Managing Members (MGRM):

ELIZABETH VU - 18658 SAN RIO CIRCLE, LUTZ, FL. 33549
JAY SUN KIM - 18658 SAN RIO CIRCLE, LUTZ, FL. 33549

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IN ACCORDANCE WITH section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true and correct. The undersigned is authorized and has executed these Articles, this 11 day of June, 2009.



ELIZABETH VU
Authorized Managing Member

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 11th day of June, 2009
by **ELIZABETH VU**.

SEAL



Type, Print or Stamp Name of Notary
Personally known

or Produced Identification

Type of Identification Produced FL Dr. License



Vikki L. Brown
Commission # DD594041
Expires September 22, 2010
BOARD TRAVEL INSURANCE, INC. 888-383-7818

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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