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Florida Department of State  
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To:

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

From:

Account Name : LOZIER, THAMES, FRAZIER, SPENCER, P.A.  
Account Number : I200000000033  
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Fax Number : (850) 469-0006

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HDRHB Investments, LLC**

Certificate of Status	1
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**C. LEWIS**  
OCT 23 2009  
**EXAMINER**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**HDRHB INVESTMENTS, L.L.C.**

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby certify and adopt these Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be "HDRHB INVESTMENTS, L.L.C." ("Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company shall be 1901 Cypress Street, Pensacola, Florida 32502.

**ARTICLE III - DURATION**

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual.

**ARTICLE IV - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is Daniel R. Lozier, 24 West Chase Street, Pensacola, Florida 32502.

**ARTICLE V - CAPITAL CONTRIBUTIONS**

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted by the members.

**ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS**

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted by the members.

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#### ARTICLE VII - MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

#### ARTICLE VIII - MANAGEMENT

The Company shall be managed by the members in accordance with the Operating Agreement of the Company as adopted by the members.

#### ARTICLE IX - AMENDMENT

These Articles of Organization and Operating Agreement of the Company may be amended from time to time as prescribed by law.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.

  
DANIEL R. LOZIER, Organizer

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

Sworn to and subscribed before me this 21<sup>ST</sup> day of October, 2009, by Daniel R. Lozier who (☒) is personally known to me or who ( ) has produced \_\_\_\_\_ as identification and who did not take an oath.

  
NOTARY PUBLIC

Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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**ACCEPTANCE OF DESIGNATION AS  
RESIDENT AGENT**

I, DANIEL R. LOZIER, the designated resident agent of HDRHB INVESTMENTS, L.L.C., do hereby certify that my address is 24 West Chase Street, Pensacola, Florida 32502, do hereby accept the designation and appointment as resident agent of HDRHB INVESTMENTS, L.L.C., a Florida limited liability company, and am familiar with and accept the duties and obligations of registered agent.

Dated this 21<sup>st</sup> day of October, 2009.

  
\_\_\_\_\_  
DANIEL R. LOZIER

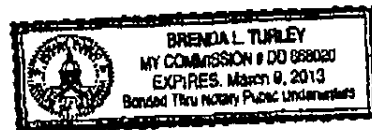
**STATE OF FLORIDA  
COUNTY OF ESCAMBIA**

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of October, 2009, by DANIEL R. LOZIER, who ( x ) is personally known to me or who ( ) has produced \_\_\_\_\_ as identification and has taken an oath.

  
\_\_\_\_\_  
NOTARY PUBLIC

Commission No.

My Commission Expires:



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