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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ест: Наг	nd. Hedrick_ Name of Limit	Willis, Shuler Led Liability Company submitted for filing.	LC (no co after	se note: MMUS Names
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	peri	ods bedu Lcj
Please	_	ondence concerning this mat	•		
	M	ark J. Ho	Name of Person		
	H	anna, Hedric	k, Willis, Shule	20	
	777	E. Atlantic,	Avenue, Ste. C2	373	
	De	elray Beach, F	L 33483 by/State and Zip Code K Lawa comeast. for future annual report notification)		
	<u> </u>	E-mail address: (to be used	klawa comeast. for future annual report notification)	net	-
For fur	ther information	concerning this matter, please	e call:		
	larrett V Name	J. Hanna of Person	at (561) 723 - 8 Area Code & Daytime Telep	P 2 8 7	
Enclos	sed is a check fo	or the following amount:			•
\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Clarations Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Hanna Hedrick : 1 Willis Shuler L L.C. (Must end with the words "Limited Liability Company," "L.L.C" or "LLC.")						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address: Mailing Address:						
bol N. Congress Ave., Ste 437 777 E. Atlantic Ave. Delray Beach, FL 33445 Ste. C 2 373 Delray Beach, FL 33483						
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:						
Mark J. Hanna						
Name 601 N. Congress Ave. Ste. 432 Florida street address (P.O. Box NOT acceptable) Florida Street address (P.O. Box NOT acceptable)						
Delray Beuch FL 33445 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 (BEQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGRM	Mark J. Itanna			
	777 E Atlantic Ave Delray Beach, FL 33485			
MGR	Mary Hedrick			
	777 E. Atlantic Avenue Delray Beach, FL 33453			
MGR	Marrett W. Hanna			
	777 E. Atlantic Ave. Delray Brach, FL 33483			
Maa	Deanna V. Shuler			
	777 E Atlantic Altantic	Ave.		
(Use attachment if necessary)	Delray Beach, FL 33483	<u> </u>		
ARTICLE V: Effective date, if other than the		PTION	AL)	
If an effective date is listed, the date must o or 90 days after the date of filing.)	be specific and cannot be more than five bus	iness da	ıys pı	rior
REQUIRED SIGNATURE:	1 A.			
		IAI SE	-	
- 0 / 1	or an authorized representative of a member.	LAHI	10 JAN 29	
(In accordance with a of this document country that the facts stated be a considered to the facts of the fact	seo ion 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury therein are true.)	ASSEE	29 P	FILED
Mack	J. Hanna Typed or printed name of signee	F ST	PM 2: 4	
Filing Fees:	Typed or printed name of signee	ATE	<u>_</u>	
\$125 00 Filing Fac for Articles of Or.	contration and Designation			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)