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SECRETARY OF STATE
FALLAHASSEE. FLORID

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COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJI	ест: <u>#</u>	iD LLG Name of Limi	Limiteel ted Liability Company	Liabili	Ly Cempan
		V .			
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.		
Please	return all corresp	ondence concerning this ma	tter to the following:		
		OLGA ULFA	RSSON		
		(/	Name of Person		11 J
		<u> </u>	Firm/Company		PREZ
	16	10 SEAGRA	-DE WAY		ARY OF
	11.00	([Address		FLORES ES
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		C.	ity/State and Zip Code		_
		E-mail address: (to be used	for future annual report not	ification)	7
For fu	rther information	concerning this matter, pleas	se call:		
	OLGA	<u>ULFavsson</u> of Person	_at (<u>as 4</u>) <u>a</u>	27 25	22
	Name	of Person	Area Code & Da	lytime Telephone Nu	imber
Enclo	sed is a check for	or the following amount:			
125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee Certified Copy (additional copy is en	Certif closed) Certif	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildir	ction orporations ng e Center Circle	



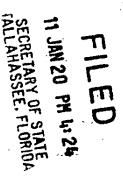
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2011

ULGA ULFARSSON 1610 SEAGRAPE WAY HOLLYWOOD, FL 33019

SUBJECT: HLID LLC

Ref. Number: W11000001160



We have received your document for HLID LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

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Joey Bryan Regulatory Specialist II

Letter Number: 611A00000656

ARTICLES OF	ORGANIZ	ATION FOR	FLORIDA	LIMITED LL	ABILITY CO	DIVIPANY
ARTICLE I - Na The name of the I		oility Company	is:		SECTION SECTION	五五二
HL	iD	LLG			PS-2CS-4	意って
(1)	Aust end with the	e words "Limited Lia	ability Company	/, "L.L.C.," or "LLC	")	70 5
ARTICLE II - A The mailing addre		t address of the	principal of	fice of the Lim	ited Liability (Company is:
Principal Office		26 MA	Mailin Mailin	g Address:		
Hollywo	Hagra rd, F	L. 33019				• • •
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot	t serve as its own Re				

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

Olga Ultanson
Name Florida street address (P.O. Box NOT acceptable)

Hollywood FL 33019

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..

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Mar	er	Name and Address:	77 72 32
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	aging Member		50,70
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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