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

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
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FLORIDA LIMITED LIABILITY CO.  
HSG TAMPA, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
HSG TAMPA, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **HSG TAMPA, LLC**.

**ARTICLE II - Address:**

The street and mailing address of the principal office of the Limited Liability Company is:

6522 Gunn Highway  
Tampa, Florida 33625

**ARTICLE III - Registered Agent and Registered Office:**

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

Sara K. Flint  
6522 Gunn Highway  
Tampa, Florida 33625

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 7th day of December, 2011.



**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul R. Lynch

**Typed or printed name of signee**

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

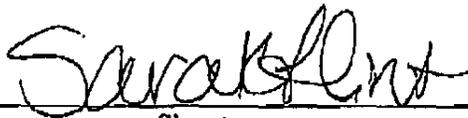
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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **HSG TAMPA, LLC**.
2. The name and the Florida street address of the registered agent are:

Sara K. Flint  
 6522 Gunn Highway  
 Tampa, Florida 33625

*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.*



Signature