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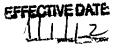
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: HLN Group LLC |
| Name of Limited Liability Company |
| The analoged Articles of Organization and foots) are submitted for filing |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Heidie L. Nesset |
| Name of Person |
| HLN Group LLC |
| Firm/Company |
| 6715 Kauai King Trail |
| Address |
| Tallahassee, Florida 32309 |
| City/State and Zip Code |
| heidie.nesset@gmail.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Heidie L. Nesset 772-0437 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, |
| Certificate of Status Certified Copy Certificate of Status & |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |
| Mailing Address Street/Courier Address Registration Section Registration Section |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|---|----------------------------|
| The name of the Limited Liability Company is | S: | |
| HLN Group LLC | | |
| (Must end with the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liab | oility Company |
| Principal Office Address: | Mailing Address: | |
| 6715 Kauai King Trail Tallahassee, Florida 32309 | 6715 Kauai King Trail Tallahassee, Florida 32309 | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regions entity with an active Florida registration.) | | |
| The name and the Florida street address of the | e registered agent are: | 11. SECI |
| Heidie L. Nesset | | DEC 21 RETARY AHASSE |
| Nam | ne | 21 Altri SSI |
| 6715 Kauai Kii | ng Trail | iii o |
| Florida street a | address (P.O. Box NOT acceptable) | AM II: O |
| Tallahassee | 32309 | |

is:

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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 Membe | er . |
| MGR | Heidie L. Nesset |
| | 6715 Kauai King Trail |
| | Tallahassee, Florida 32309 |
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| (Use attachment if necessary) | |
| TICLE V. Effective data if other t | han the date of filing: Jan. 1, 2012 . (OPTIONAL) |
| an effective date is listed, the date | must be specific and cannot be more than five business days prio |
| or 90 days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: | |
| RECOINED SIGNATURE. | |
| 41. | 1. 9. |
| _ Neul | ii/list |
| Signature of a | member or an authorized representative of a member. |
| constitutes an affirmati I am aware that any fal | tion 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein archives is information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.) |
| Heidie L | • • |
| i leidle L | Typed or printed name of signee |
| | 1 Thea or himon mame or alknow |

Filing Fees:

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

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