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TALLANASSEE FLORIDATE

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HF 1988, LLC			_}	
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				L.C. File
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ARTICLES OF ORGANIZATION FOR

HF 1988, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is HF 1988, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 6400 Pine Street NE, Saint Petersburg, FL 33702

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Paul A. Nelson, 1127 9th Ave. N., Saint Petersburg, FL 33705

ARTICLE IV: MANAGEMENT

The company will be a manager managed Limited Liability Company.

ARTICLE V: MANAGERS

The name and address of the initial Manager of the company is:

Walter Allen Eanes, Manager, 6400 Pine Street NE, Saint Petersburg, FL 33702

The undersigned has executed these Articles of Organization this 13th day of January 2012. "Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

Authorized Representative

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

- 1. The name of the company is: HF 1988, LLC
- 2. The name and address of the registered agent and office is:

Paul A. Nelson, Esq.

1127 9th Ave, N.

Saint Petersburg, FL 33705

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.