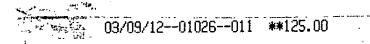
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| Special Instructions to | o Filing Officer:     |          |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 1 2 2012

EXAMINER

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: THE HEDICK GROUP LLC  |
| SUBJECT: 1HE HEDICK GROUP LL  Name of Limited Liability Company  |
| , , ,  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.                                 |
| Please return all correspondence concerning this matter to the following:                                  |
| Hobert W Hedick Jr   |
| Name of Person   |
| THE HEDICK GROUP LLC   |
| Firm/Company   |
| 3296 N SPYGLASS VILLAGE PATH   |
| Address  |
| LECANTO FL 34461   |
| bhedick a tampa bay, r, com  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| DI + 1/1/2/1/20 200 /21/1/20/  |
| Hobert W Hedick JC at (352) 634-4286  Name of Person Area Code & Daytime Telephone Number                  |
| , and coase a say, and receptance rames.   |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$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 EL 37314 2661 Evecutive Center Circle  |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |
|---|
| The name of the Limited Liability Company is:   |
| THE HEDICK GROUP LLC  |
| (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:   |
| 6212 W Corporate Daks Dr PO Box 640625<br>Crystal River FL 34429 Beverly Hills FL 34464   |
| 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:  Dawnya Davis Hedick SST 19  |
| 3296 N Spyalass Village Path  |
| Florida street address (P.O. Box NOT acceptable)  Lecan to FL 34461  City, State, and Zip   |
| City, State, and Esp  |
| Having been named as registered agent and to accept service of process for the above stated limited   |

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 (REQUIRED)

(CONTINUED)

|  | 12 MAR -9 PM 12  |
|--|--|
| <u>Title:</u> "MGR" = Manager  | Name and Address: SEGRETARY OF ST  |
| "MGRM" = Managing Member   | TALLAHASSEE, FL  |
| MGRM   | Kobert W Hedraks   |
|  | 3296 N Spyglass Village fat  |
|  | Lecante, FC 34461  |
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| (Use attachment if necessary)  |  |
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| LE V: Effective date, if other than the  | date of filing: . (OPTIONA   |
| ffective date is listed, the date must b   | date of filing: (OPTIONAL or specific and cannot be more than five business day  |
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| fective date is listed, the date must b days after the date of filing.)  REQUIRED SIGNATURE:   | e specific and cannot be more than five business day   |
| ffective date is listed, the date must b days after the date of filing.)  REQUIRED SIGNATURE:  | e specific and cannot be more than five business day   |
| fective date is listed, the date must b days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  | e specific and cannot be more than five business day   |
| fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a memb | e specific and cannot be more than five business day  or or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. |
| ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem | e specific and cannot be more than five business day  or or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document  |

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)