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K. SALY EXAMINER MAY 2 4 2012



ACCOUNT NO. : I2000000195
REFERENCE : 214829 4311863
AUTHORIZATION: Spelle le man
COST LIMIT: \$ 125.00
ORDER DATE: May 23, 2012
ORDER TIME : 1:10 PM
ORDER NO. : 214829-005
CUSTOMER NO: 4311863
DOMESTIC_FILING
NAME: HUGHES DEVELOPMENT GROUP LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Becky Peirce - EXT. 2919
EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Hughes Development Group LI	LC C
		ited Liability Company
The en	closed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Sheldon Bender	
		Name of Person
	Blank Rome LLP	
		Firm/Company
	One Logan Square, Third Floor	
		Address
	Philadelphia, PA 19103-6998	
	C	ity/State and Zip Code
-	E-mail address: (to be used	for future annual report notification)
For fur	ther information concerning this matter, pleas	se call:
Sheld	on Bender	at (215) 569-5406 Area Code & Daytime Telephone Number
*****	Name of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:	
∑] \$125.00	Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:		
The name of the Limited Liability Company	is:	
Hughes Development Group LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
235 Gordon River Trail	1235 Gordon River Trail	
Naples, FL 34105	Naples, FL 34105	
		
ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		ividual or another
The name and the Florida street address of the	ne registered agent are:	12 MAY 23 SECURE AND ANY ALLAHASS
Daniel J. Hughes		
Na	me	F =

1235 Gordon River Trail Florida street address (P.O. Box NOT acceptable) FL 34105 City, State, and Zip **Naples**

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 (BEQUIRED)

Daniel J. Hughes

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
	Daniel J. Hughes, MGRM
F.V. Effective date if other than the	e date of filing: (OPTION
fective date is listed, the date must l	e date of filing: (OPTION be specific and cannot be more than five business dates
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTION be specific and cannot be more than five business date
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTION to e specific and cannot be more than five business date of a member.
fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation unded 1 am aware that any false inforconstitutes a third degree felor	pe specific and cannot be more than five business day our or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State mation submitted in a specific provided for in s.817.155. F.S.)
rective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false information constitutes a third degree felor Managing Memb	pe specific and cannot be more than five business dans of the period of