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(Requ	uestor's Name)	
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06/27/12--01021--012 **160.00

Effective Date 4/25/12

JUN 2 9 2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE				
Name of Limited Liability Company				
The end	closed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	ROBERT C. O'LEARY			
	Name of Person			
	HAYWOOD STREET PRESS, L.LC.			
	16765 FISH MAWK BOULEVARD, #316			
	Address			
	LITUIA, FL 33547			
_	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
Rus	Name of Person at (813) 571 947 Area Code & Daytime Telephone Number			
Enclos	ed is a check for the following amount:			
	Filing Fee \$\int_{\text{status}} \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$Certified Copy (additional copy is enclosed)}}			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

Effective Date 4/25/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	_		
HAT WOOD STRE (Must end with the words "Limited Liability C	OMPANY, "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:	ailing Address:		
16765 FISHUAWK BLND # 316 LITUIA, FL 33547	16765 FISHHAWK BLUD # 316 LITHIA FL 33547		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	fice, & Registered Agent's Signature:		
The name and the Florida street address of the regis	tered agent are:		
KOBERT O	'LEYARY		
16765 Florida street address	(P.O. Box NOT acceptable)		
LITU(A FI City, State, a			
Having been named as registered agent and to accelliability company at the place designated in this cregistered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered	certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and		
Das			
Registered Agent's Signature	EQUIRED)		
(CONTINUE)			
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 Member	
M6CB	ROBERT O'WHRY 16765 FISHWAWK BLUD # 3/6 LITHIA, FL 33547
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)