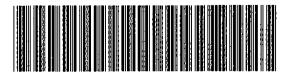
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ACCOUNT NO. : 12000000195 REFERENCE: 191078 7527475 AUTHORIZATION : ORDER DATE: June 24, 2014 ORDER TIME : 1:15 PM ORDER NO. : 191078-005 CUSTOMER NO: 7527475 DOMESTIC FILING NAME: HCS HOLDINGS, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Emily Gray - EXT. 62925 EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	· .			
	•			
HCS Holdings, LLC	·		-	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "L	LC.")		
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Compa	ny is:		
Principal Office Address:	Mailing Address:			
1001 E Telecom Dr Boca Raton FL 33431	1001 E Telecom Dr Boca Raton FL 33431		- - '	•
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida region of the region	ns its own Registered Agent. You must designate egistration.)  registered agent are:	ite an indiv	idual c	or
	Name	T. 3.2	7	
1201 Hays Street		5.7		
Florida street address	(P.O. Box NOT acceptable)		.E	٠٠, ٤
Tallahassee	<sub>FL</sub> 32301	1757	-	
City	Zip		34	
capacity. I further agree to comply with the proof my duties, and I am familiar with and accellent Corporation Service  By: Registered Agent	eby accept the appointment as registered agent rovisions of all statutes relating to the proper a ept the obligations of my position as registered Chapter 605, F.S	and agree nd complet	to áct i e perfo	in this rmance

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Silver Capital Advisors, Inc.
	1001 E Telecom Dr
	Boca Raton FL 33431
<del></del>	
•	
· · · · · · · · · · · · · · · · · · ·	
	——————————————————————————————————————
(Use attachment if necessary)  LE V: Effective date, if other than the d fective date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
LE V: Effective date, if other than the defective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 o
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LE V: Effective date, if other than the defective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	member or an authorized representative of a member.
LE V: Effective date, if other than the defective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sections)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if other than the defective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
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EV: Effective date, if other than the directive date is listed, the date must be of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Jesse A. Hols	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. It is information submitted in a document to the Department of State is efelony as provided for in s.817.155, F.S.) shouser, CFO/Authorized Representative