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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

L Burch HADE: 7. 2015

	egistration livision of C	Section orporations		
SUBJECT	Γ:	HLP Quality N Name of Lin	Media mited Liability Company	
The enclos	sed Articles o	of Organization and fee(s) a	re submitted for filing.	
Please retu	ım all corres	pondence concerning this m	natter to the following:	
		Helen Laugh!	and-Penland Name of Person	
		HLP Quality	Media Firm/Company	
		4428 CORDIA		
		Coconut Cree	K, FL 33066 City/State and Zip Code	
·			valitumedia. com) ation)
For further	information	concerning this matter, plea		
Heler	1 L. Per	pland at (954 <u>294-200</u> Area Code Daytime Tel	1
Enclosed is		e of Person the following amount:	Area Code Daytime Tel	epnone Number
I \$ 125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ng Address	Street/Couries Adds	

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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HLP Quality Media, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LI	LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	ny is:
Principal Office Address: Mailing Address:	
4428 Cordia Circle 4428 Cordia Circle Coconut Creek, FL 33066 Coconut Creek, FL	2 33066
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Helen A. Laughland-Penland Name Hala Cordia Circle Florida street address (P.O. Box NOT acceptable) Coron of Creek FL FL 33066 City Zip	140EC 22 PM 4: 49 SECRETARY OF STATE TAIL AHASSEE, FLORIDA an

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Owner - Manager	Helen A. Laughland-Penland 4428 Cordia Circle Coconut Creek, FL 33066
	
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(Non-steel-mant if non-service)	
EV: Effective date, if other than the da	te of filing: (OPTIONAL)
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be sof filing.) EVI: Other provisions, if any.	
E V: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section of constitutes an affirmation under I am aware that any false info	te of filing: (OPTIONAL)

Page 2 of 2