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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Hèdge Fund Guardian, LLC</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Karl Loevenich	Name of Person	
		Firm/Company	
	4008 Royal Palm Drive		
		Address	
	Bradenton, FI 34210	City/State and Zip Code	
<u>kç</u>	1100@tampabay.rr,com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Karl L</u>	oevenich at (at (941) 794-6123 Area Code Daytime Tel	lephone Number
_	ed is a check for the following amount: 00 Filing Fee \$\Bigcup \text{\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Hedge Fund Guardian, 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 pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4008 Royal Palm Drive Bradenton, FL 34210	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re Karl Loevenich	s its own Registered Agent. You must designate an individegistration.)	hual or
,	Name	ECRE T
4008 Royal Palm Driv	re	
Florida street address (P.O. Box <u>NOT</u> acceptable)	SSE PE
Bradenton	FL 34210	m9 2 0
City	Zip	S. 9
the place designated in this certificate, I here capacity. I further agree to comply with the pro-	accept service of process for the above stated limited liability accept the appointment as registered agent and agree to ovisions of all statutes relating to the proper and complete pt the obligations of my position as registered agent as pro Chapter 605, F.S Chapter 605, F.S	ty company at 5, o act in this performance

(CONTINUED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	Tenney Kral	
MGR	Tracey Kral 3779 Caesars Circle	-
	Las Vegas, NV 89120	-
	Las vegas, NV 03120	-
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V: Effective date, if other than the date of ctive date is listed, the date must be speci	filing: <u>01/01/2015</u> . (OPTIONAL) fic and cannot be more than five business days prior to or 9	90 days
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