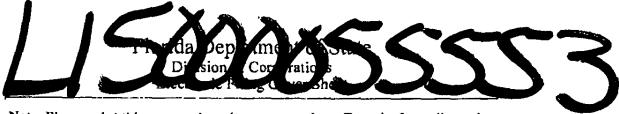
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000077177 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:					

## FLORIDA LIMITED LIABILITY CO. HSBS, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume: The name of the Limited Liability Company is:	
HSBS, LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2660 S. Ocean Boulevard, Apt. 503W Palm Beach FL 33480	s/n principal address
	Panistacad Agant's Signatura
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	igenatic.
C T Corporation	on System The Residence of the Residence
Name	B 2
1200 South Pine	
Florida street address (P.O. Box	NOT acceptable)
Plantation	FL 33324
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli-	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance igations of my pasition as registered agent as provided for in er 605, F.S.
C T Corporation System	Connie Bryan
By:  Registered Agent's Signan	15 to the little of the little
(CONTINUE	ED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Herb Shear 2660 S. Ocean Boulevard, Apr. 503W Palm Beach FL 33480
(Use attachment if necessary)	<del></del>
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)	of filing: <u>UPON FILING</u> (OPTIONAL) secific and caused be more than five business days prior to or 90 days after
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any.	ecific and causet be more than five business days prior to or 90 days after
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days after
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66 constitutes an affirmation under I am aware that any false information and I am aware that any false information.	ember or an authorized representative of a member.  20 Solution of this document of the penalties of perjury that the facts stated herein are true.  21 Per the penalties of perjury that the facts stated herein are true.  22 Per the penalties of perjury that the facts stated herein are true.
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66 constitutes an affirmation under I am aware that any false information and I am aware that any false information.	mation submitted in a document to the Department of State  Per per provided for in s.817.155, F.S.)

Page 2 of 2