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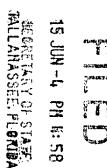
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T. Burch JUNI 9 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HK2BCC "L.L.C"		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Bruce Li Walter Name of Person		
HKaBCC L.L.C. Firm/Company		
Firm/Company		
12565 WillARD LANE		
Jacksonville, Hor, da 32218 City/State and Zip Code		
HK2BCCe Comcast Net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (904) 343-0116 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee & Certificate of Status □\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & 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 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:	
HK2BCC "L, L, C" (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Jacksonville, Horida	Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother 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	in.
BRUCE U	valker Part
Florida street address (P.O. Box Jacksonville, City	NOT acceptable)
	·· 1

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

ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"AMBR" TBruce walker	Jacksonville, 7132218	
"AMBR" Bruce Walker IT	JACKSONVILLE 77 30218	
"AMBR HERMONYONE Walker	Jacksonville, 71 32218	
"AMBR" Kesha L. Walter	3889 CRAGGY Perch Douglasville Ga 30135	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing		
the date of filing.)	d cannot be morelthan five business days practife or 50 days afte	
ARTICLE VI: Other provisions, if any.		
	<u>▶</u>	
REQUIRED SIGNATURE:	Walker	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)		

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)

Page 2 of 2