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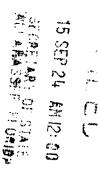
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER **

	gistration Section vision of Corporations				
SUBJECT:	Haley Holdings LLC				
~ C D C D C 1 .	Name of Limited Liability Company				
The enclose	d Articles of Organization and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matter to the following:				
	Dawn Horstman				
Name of Person					
	Haley Holdings LLC				
•	Firm/Company				
	10315 Tarragon Drive				
-	Address				
	Riverview, FL 33569				
-	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
	•				
For further in	formation concerning this matter, please call:				
	Dawn Horstman 813 215-2299				
_	Name of Person Area Code Daytime Telephone Number				
Enclosed is	a check for the following amount:				
]\$ 125.00 Fili	-				

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Holdings LLC (Must end with the words "Limited Liah	pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	ress:	
	and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address
10315 Ta	arragon Drive	10315 Tarragon Drive
Rivervie	w, FL 33569	Riverview, FL 33569

Dawn Horstman	Craig Horst	man
	Name	
10315 Tarragon Drive	:	
Florida street address	(P.O. Box NOT ac	cceptable)
Riverview	FL	33569
City	State	Zip

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

15 SEP 24 MH 12: 00

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Dawn Horstman 10315 Tarragon Drive Riverview, FL 33569 **AMBR** Craig Horstman 10315 Tarragon Drive Riverview, FL 33569 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: September 22, 2015 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

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)

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