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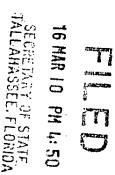
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COVER LETTER

TO:	Registration Section Division of Corporations
	HMT30A LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	WILLIAM CARTWRIGHT
	Name of Person
	Firm/Company
	PO BOX 611446
	Address
	ROSEMARY BEACH, FL 32461
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	LIBBI CARTWRIGHT 573 270-8209
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
S 125.0	O Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end	with the words "Limited Li	ability Compar	y, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal offic	ce of the Limite	d Liability Company is:			
Princip	al Office Address:		Mailing Address:			
276 SEACREST DR PANAMA CITY BE			BOX 611446 SEMARY BEACH, FL 32461			
ARTICLE III - Registered Age						
	cannot serve as its own Reactive Florida registration.)	egistered Agent	ent's Signature: . You must designate an individual o	SECR	16 MA	
The Limited Liability Company nother business entity with an a	cannot serve as its own Reactive Florida registration.)	egistered Agent		SECR	16 MAR I	A SECTION AND A
The Limited Liability Company nother business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered ag	egistered Agent		SECRETARY TALLAHASSE	6	
The Limited Liability Company nother business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered ag	egistered Agent gent are:		SECRETARY OF TALLAHASSEELF	6 MAR I	
The Limited Liability Company nother business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered ag SHONDA TRANTINA	egistered Agent gent are: lame	You must designate an individual o	SECRETARY OF TALLAHASSEELF	6 MAR IO PM 4:	\$
The Limited Liability Company nother business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered ag SHONDA TRANTINA N 174 WATERCOLOR W.	egistered Agent gent are: Vame AY 103-255	You must designate an individual o	SEGRETARY OF TALLAHASSEE.	6 MAR 10 PM	\$

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..

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR WILLIAM CART PO BOX 611446 ROSEMARY BEZ	
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(Use attachment if necessary)	
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