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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

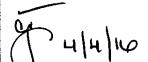
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HSCR FLAWLESS 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:	
Darry E Leonard Jr.	
HSCR FLAWLESS	
Firm/Company	
2032 Portland Avenue	
Wellington, FL 33414	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Durry E Leonard & 561 201-5619	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,	
Certificate of Status — Certified Copy — Certificate of Status & (additional copy is enclosed) Certified Copy	
(additional copy is enclosed)	I
Mailing Address Street Address:	
N. Dill C. d.	
Division of Corporations P.O. Box 6327 New Filing Section New Filing Section Division of Comporations Clifton Building	_
Tallahassee, FL 32314 2661 Executive Center Circle	!
Tallahassee, FIL 32301	ָ <u>'</u>
	/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 HAR 28 PH 2: 58

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Addr		Mailing Address:	1 .
2037 Portland Avenue	Wellington, FL 33414 2032	Portland A	venue Wellington, FL33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

034 Portland Are Florida street address (P.O. Box NOT acceptable)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Darryl F. Leonard J
MCO	2037 Portland Avenue
MGIC	Darry E. Legnard Sr.
MGR AMBR	2037 Portland Avenue
AMISIC	Wellington, FL 33414
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Use attachment if necessary)	
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