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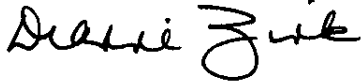
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16 JUN -2 PM 6:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA
6/9/16

COVER LETTER

Please note that as owner of Hedgehog Designs, Inc. a Not for Profit company, I am allowing the use of the name Hedgehog Designs LLC for this application to register this, For Profit, company.

I am also the owner of the Fictitious Name, Hedgehog Designs.

Thank you for your attention,



Dianne Zink
3125 Reseda Court
Tampa, Florida 33618
813-962-7184
hedgehogdesigns@gmail.com

May 30, 2016

FILED
16 JUN -2 PM 6:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hedgehog Designs LLC

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:

Michael F. Singer, Esq.

Name of Person

Singer Law PA

Firm/Company

735 Arlington Ave. N., Suite 306

Address

St. Petersburg, FL 33701

City/State and Zip Code

hedgehogdesigns@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael F. Singer, Esq.

727

3449940

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hedgehog Designs LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3125 Reseda Court
Tampa, FL 33618

Mailing Address:

3125 Reseda Court
Tampa, FL 33618

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:

Michael F. Singer, Esq.

Name

735 Arlington Ave. N., Suite 306

Florida street address (P.O. Box **NOT** acceptable)

<u>Saint Petersburg</u>	<u>FL</u>	<u>33701</u>
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Dianne Zink

3125 Reseda Court

Tampa, FL 33618

(Use attachment if necessary)

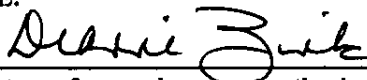
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED 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.

Dianne Zink

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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TALLAHASSEE FLORIDA