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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Craigu. Pruwn Holdings, LLC Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.				
Please return all correspondence concerning this matter to the	e following:				
Craig J. Brown	of Person				
2698 Mahan Driv	e Svite 6				
Tallahassee/FL/	32308				
Tallahassee/FL/ City/State Cbrown@ojb-la E-mail address: (to be used for future	re annual report notification)				
For further information concerning this matter, please call:					
Craig J. Brown at (850) Area Cod	E Daytime Telephone Number				
Enclosed is a check for the following amount:					
Certificate of Status — Ce	55.00 Filing Fee & S160.00 Filing Fee, rtified Copy tional copy is enclosed) S160.00 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:

HLED

ARTICLE II - Address: The mailing address and street	address of the principal office of th	ie Limited Li	ability Company is:
2696 Mah Tallahas	nn Drive Stc. 6 20, FL 32008		Mailing Address:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Regist ny cannot serve as its own Register n active Florida registration.)	lered Agent' ed Agent. Yo	's Signature: ou must designate an individual or
The name and the Florida stree	et address of the registered agent ar CAG BY Name 2898 MAN Florida street address (P.O. B	an D	r. Stc. 4 ceptable) 32308 Zip
place designated in this certifica further waree to comply with the	ate, I hereby accept the appointment provisions of all statutes relating to pobligations of my position as regist	t as registered the proper of the proper at	above stated limited liability company at the d agent and agree to act in this capacity. I and complete performance of my duties, and I is provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV- The name and address of each person authority	ized to manage and control the Limit	ed Liability Company:	ED
Title:	Name and Address:	18 JAN -5	PM 3:44
"AMBR" = Authorized Member "MGR" = Manager CMBJ. Prown	2018 Mahar	Dr. 164646464646464646464646464646464646464	if state ie. fu ori
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(Use attachment if necessary) RTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be specific date of filing.) Sote: If the date inserted in this block does not mee document's effective date on the Department of the december of the detection.	fic and cannot be more than five but to the applicable statutory filing requ		
RTICLE VI: Other provisions, if any.			·
REQUIRED SIGNATURE:			
This document is executed Lam aware that any false it	ber or an authorized representation accordance with section 605.020 information submitted in a document elony as provided for in s.817.155.	3 (1) (b), Florida Statutes. to the Department of State	:
	1 0		

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)