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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 689021 4983A
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE : March 3, 2021
ORDER TIME : 12:04 PM
ORDER NO. : 689021-005
CUSTOMER NO: 4983A
DOMESTIC FILING
NAME: HEDLEY INVESTMENTS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Hedley Investments, I		·		
(Must const	tin the words "Limite	d Liability Company,	"L.L.C.," or "LLC,")	
ARTICLE II - Address:				
The mailing address and street ad	ldress of the principal	office of the Limited	Liability Company is:	
Principa	l Office Address:		Mailing Address:	
173 E Inlet Dr.		173	E Inlex Dr.	
Palm Beach FL 33480	0		Beach FL 33480	
(The Limited Liability Company o	cunnot serve as its ow	m Registered Agent, Y	t's Signature: ou must designate an individual or	
(The Limited Liability Company o	cunnot serve as its ow	m Registered Agent, Y	t's Signature: ou must designate an individual or	20
ARTICLE III - Registered Ages (The Limited Liability Company of another business emity with an ac The name and the Florida street ac	cunnot serve as its ow ctive Florida registrat	m Registered Agent, Y ion.)	t's Signature: 'ou must dexignate an individual or	2021
(The lamifed Liability Company of another business entity with an ac	cunnot serve as its ow ctive Florida registrat ddress of the registen	m Registered Agent, Y ion.)	t's Signature: 'ou must designate an individual or	2021 HAI
(The Lamded Liability Company of another business entity with an ac	cunnot serve as its ow ctive Florida registrat	m Registered Agent, Y ion.)	t's Signature: 'ou must dexignate an individual or	2021 HAR -
(The Lamded Liability Company of another business entity with an ac	cannot serve as its ow ctive Florida registrat ddress of the register Lisa Hedley	m Registered Agent, \ ion.) ed agent are:	t's Signature: 'ou must designate an individual or	
(The Limited Liability Company of another business entity with an ac	cannot serve as its ow etive Florida registrat ddress of the registers Lisa Hedley 173 E Inlet Dr.	m Registered Agent, \ iom.) ed agent are: Name	ou must dexignate an individual or	ယ်
(The Lamited Liability Company of another business entity with an ac	cannot serve as its owntive Florida registrateddress of the registers Lisa Hedley 173 E Inlet Dr. Florida street address	m Registered Agent, Yiom.) rd agent are: Name SSS (P.O. Box <u>NOT</u> ac	ou must dexignate an individual or	-3 <i>F</i> :1
(The Lamited Liability Company of another business entity with an ac	cannot serve as its ow etive Florida registrat ddress of the registers Lisa Hedley 173 E Inlet Dr.	m Registered Agent, \ iom.) ed agent are: Name	ou must dexignate an individual or	ယ်

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 occept the appointment as registered agent and agree to act in this cupacity. 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 Agents Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
MGR	Lisa Hedley 173 E lalet Dr.
	Palm Beach FL 33480
MGR	Walter D. Wick
	173 E Inlet Dr. Palm Heach FL 33480
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date interest to of filling.)	oes not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than effective date is fixted, the date inte of filing.) If the date inserted in this block de-	ext be specific and cannot be more than five business days prior to or 90 days aft ocs not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than effective date is fixted, the date imite of filing.) If the date inserted in this block decument's effective date on the Dep	ext be specific and cannot be more than five business days prior to or 90 days aft ocs not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than effective date is fixted, the date muste of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be liste eartment of State's records.
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that	ext be specific and cannot be more than five business days prior to or 90 days af oes not meet the applicable statutory filing requirements, this date will not be listo

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)