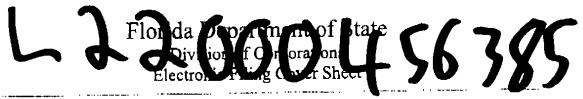
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Division of Corporations



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FLORIDA LIMITED LIABILITY CO.

HFP Investment Holdings, LLC

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COVER LETTER

	w Filing Secti ision of Corp				
		aent Holdings, LLC			
SUBJECT:		Name of I.	imited Lia	bility Company	
The enclose	d Articles of C	Organization and fee(s)	are submit	ted for filing.	
Please retur	n all correspor	ndence concerning this r	natter to t	he following:	
	Andrew Com	iter, Esq.			
			Name	of Person	
	Comiter, Sing	ger, Bascman & Braun,	LLP		
			Firm	/Company	
	3825 PGA B	lvd., Suite 701			
			. A	ddress	
	Palm Beach	Gardens, FL 33410			
			City/Stat	e and Zip Code	
_	, -	mitersinger.com			
_	E	-mail address: (to be us	ed for futt	re annual report notificati	ion)
For further is	nformation cor	nceming this matter, ple	ase call:		
	Andrew Com		561	626-2101	
	Name	e of Person	Arca Coo	Daytime Telephon	e Number
Enclosed is	s a check for th	nc following amount:			
	Filing Fee	\$130.00 Filing Fee Certificate of Status	Co	(\$155.00 Filing Fee & critified Copy itional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
HFP Investment Hole	tings, LLC		W 1 0 P 4110 P
(Must contain	n the words "Limited Liab	oility Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal offic	c of the Limi	ted Liability Company is:
Principa	Office Address:		Mailing Address:
11856 Foxbriar Lake	Trail	1	1856 Foxbriar Lake Trail
Boynton Beach, FL 3:			loyaton Beach, FL 33473
another business entity with an a	cannot serve as its own Re ctive Florida registration.)	gistered Age	nt. You must designate an individual or
The name and the Florida street a	ddress of the registered ag	ent are:	
	Comiter, Singer, Basem	an & Brawn,	LLP
	, N	ame	
	3825 PGA Blvd., Suite	701	
	Florida street address (I	P.O. Box <u>NO</u>	T acceptable)
	Palm Beach Gardens	FL	33410
	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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 OUT 24 AM 11: 37

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
P	Chad I. Sokoloff
<u> </u>	11856 Foxbriar Lake Trail
	Boynton Beach, FL 33473
CEO	Michael S. Hilf
CEO	11856 Foxbriar Lake Trail
	Boynton Beach, FL 33473
(Use attachment if necessary)	
TICLE V: Effective date, if other than than than effective date is listed, the date must date of filing.)	s not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the in effective date is listed, the date must date of filing.) te: If the date inserted in this block doe	be specific and cannot be more than five business days prior to or 90 days and so not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the effective date is listed, the date must date of filling.) te: If the date inscried in this block doe document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days and so not meet the applicable statutory filing requirements, this date will not be listed

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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