

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Limited Liability Company Act have been complied with and accordingly, this **CERTIFICATE OF ORGANIZATION** is hereby issued to:

EMBASSY ROW GROUP, LLC

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **19th** day of **October, 2009**.

LINDA K. ARGO
Director

NSD/CES/REGISTRATION
UNIT
2010 JAN - 7 AM 10:16

Business and Professional Licensing Administration

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Adrian M. Fenty
Mayor

DCRA

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

District of Columbia Government**Corporations Division**

PO Box 92300

Washington DC 20090

TN-1 Trade Name Registration Form

Use this form to register your trade name. If entity (exception - sole-proprietor) will own the trade name, said entity must be in good standing before filing this form.

ENTITY TYPE	FILING FEE
All entities; Initial Trade Name Registration.	\$50, payable to D.C. Treasurer

Pursuant to the provisions of the Code of Laws for the District of Columbia and the OMNIBUS REGULATORY REFORM ACT OF 1998, the undersigned company, partnership or individual hereby applies for a Certificate of Trade Name and for that purpose submits the following statement:

1. Name of Individual or Entity, using the trade name: Embassy Row Group, LLC	2. Business phone number / Email: (202) 744-7725
--	---

3. Proposed Trade Name: (Prohibited words - The true and real name of persons conducting the business, the words "corporation," "incorporated," "partnership", "limited", or any variation. Sexually explicit words or terms are also forbidden)
Hedges Strategies

4. Type of Entity:

Sole Proprietor Corporation Limited Liability Company
 Limited Liability Partnership Limited Partnership General Partnership
 Other: Please, specify _____

5. FEIN number: 27-1200984	6. Full legal name of person submitting this form: Stephen Hedges
-------------------------------	--

7. Complete Business Address:
5909 - 32nd Street, N.W. Washington, DC 20015

**Questions 8 & 9 intended only for corporations, partnerships and limited liability companies.
Question 9 intended only for sole-proprietors, located outside the District of Columbia.**

8. Name and street address of authorized official (business owner for sole-proprietors):

TITLE	NAME	ADDRESS
Managing member	Stephen Hedges	5909 - 32nd Street, N.W. Washington, DC 20015

9. Name and address of registered agent in the District of Columbia:

10. Select individual executing this form: <input type="checkbox"/> Business Owner (for sole-proprietors) <input checked="" type="checkbox"/> Authorized Person (for other entity types)	11. Signature:
--	----------------

If you sign this application, you agree that you understand that anyone who makes a false statement anywhere on it can be punished by criminal penalties of a fine up to \$1000, imprisonment up to 180 days, or both, under DCOC § 22-2405.

For Office Use Only	Trade Name Registration Number Corporate File Number
----------------------------	---

Mail all forms and required payment to:

Department of Consumer and Regulatory Affairs
Corporations Division
PO Box 92300
Washington, DC 20090
Phone: (202) 442-4400