

L12000160443

12/26/12

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000301013 3)))



H120003010133ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516) 935-3940
 Fax Number : (516) 935-3088

2012 DEC 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bob@viniarandcompany.com

FLORIDA LIMITED LIABILITY CO. Square Cut Holdings LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

12 DEC 26 PM 1:53
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000301013

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Square Cut Holdings LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

1343 S. Killian Drive, Unit 4

1343 S. Killian Drive, Unit 4

Lake Park, FL 33403

Lake Park, FL 33403

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

David Hyman

Name

1343 S. Killian Drive, Unit 4

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake Park, FL 33403

(City / State / Zip)

2012 DEC 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 608, F.S.



Registered Agent's Signature - David Hyman

ARTICLE IV - Manager(s) or Managing Member(s):

H12000301013

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

David Hyman - 1343 S. Killian Drive, Unit 4, Lake Park, FL 33403

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Hyman

Typed or printed name of signer

FILED
2012 DEC 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA