

L16 00019024

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.

(((H16000152609 3)))



H160001526093ABC

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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

FILED  
16 JUN 23 PM 4: 50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
16 JUN 23 PM 4: 24  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
HCB PRODUCTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

06-24-16



June 23, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: HCB PRODUCTS, LLC  
REF: W16000044926

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person signing the Articles of Organization to form the florida limited liability company is an "authorized representative," not a "subscriber." Please substitute the words "authorized representative" for the word "subscriber" in your document.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H16000152609  
Letter Number: 616A00013254

H16000152609

ARTICLES OF ORGANIZATION

OF

HCB PRODUCTS, LLC

The Articles of Organization of a Limited Liability Company under Florida Statutes Chapter 608 are made and entered into as of the 21st day of June, 2016.

ARTICLE I

NAME: The name of the limited liability company is:

HCB PRODUCTS, LLC

ARTICLE II

ADDRESS: The address of the company's principal office shall be:

8945 SW 162nd TERRACE  
PALMETTO BAY, FLORIDA 33157

ARTICLE III

PURPOSE: In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business or businesses to be transacted, and which the limited liability company is authorized to transact, shall be as follows:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

DURATION: The company shall be perpetual from the date hereof, unless earlier terminated in accordance with Florida Statutes Chapter 605 or as provided in the Operating Agreement adopted by the members.

(1)

H.16000152609

FILED  
16 JUN 23 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H16000152609

ARTICLE V

REGISTERED AGENT AND ADDRESS: The name and address of the registered agent is:

JAVIER VILLAMIZAR  
8945 SW 162nd TERRACE  
PALMETTO BAY, FLORIDA 33157

ARTICLE VI

MEMBERSHIP RESTRICTIONS: The members shall have the right to admit new members, according to the provisions set out in the Operating Agreement. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VII

CONTINUATION: Upon occurrence of an event listed in Florida Statute 605, the then existing and/or non bankrupt members may continue the business of the company, if all agree to do so.

ARTICLE VIII

MANAGER(S) OR AUTHORIZED MEMBER(S): The name and address of each Manager or Authorized member are as follows:

		# OF UNITS
MBR	ALEJANDRO HERNANDEZ 1118 ALHAMBRA CIRCLE CORAL GABLES, FLORIDA 33134	80%
AMBR	JAVIER VILLAMIZAR 8945 SW 162nd TERRACE PALMETTO BAY, FLORIDA 33157	20%

H16000152609

H16000152609

ARTICLE IX

**POWERS:** All limited liability company powers shall be exercised by or under the authority of, and the business affairs of this limited liability company shall be managed under the direction of, the authorized members of this limited liability company, subject to the provisions set out in the Operating Agreement.

ARTICLE X

**CAPITAL CONTRIBUTION:** Capital contributions, as determined by the authorized members as set out in the Operating Agreement, will be made as required for investment purposes.

ARTICLE XI

**REGULATIONS:** The authorized members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulations and management of the affairs of the company.

ARTICLE XII

**TRANSFERABILITY:** No member may transfer his, her or its interest in the company without the consent of the other members.

ARTICLE XIII

**ARBITRATION:** Disputa among members shall be settled by arbitration in Miami, Florida, pursuant to the rules and procedures of the American Arbitration Association.

The undersigned, being the authorized representatives of these Articles of Organization, for the purpose of forming a limited liability company, do make, subscribe, acknowledge, and file these Articles of Organization hereby declaring and certifying that the articles herein stated are correct.

  
ALEJANDRO HERNANDEZ

  
JAVIER VILLANIZAR

H16000152609

H16000152609

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605 OF FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY  
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**HCB PRODUCTS, LLC**

2. The name and address of the registered agent and  
office is

**JAVIER VILLAMIZAR  
8945 SW 162nd TERRACE  
PALMETTO BAY, FLORIDA 33157**

Having been named as registered agent and to accept services  
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.

Dated as of this 21ST day of June, 2016.

Signed by:



**JAVIER VILLAMIZAR  
REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUN 23 PM 4:50

FILED

H16000152609