

L16000155182

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.

((H16000206369 3)))



H160002063693ABCD

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

16 AUG 19 PM 4:59
 DIVISION OF CORPORATIONS
 FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
HISPANICWORKS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

08-22-16



H 16000206369

8-19-2016

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of HISPANICWORKS, INC. of Doc # P16000003364 are the same owners.

Very Sincerely,

VALENTIN LOPEZ
PRESIDENT

H 16000206369

H16000206369

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hispanicworks, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

141 Sevilla Avenue
Coral Gables, Florida 33134

Mailing Address:

141 Sevilla Avenue
Coral Gables, Florida 33134

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

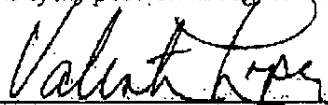
Valentin Lopez c/o Lopez and Partners, LLC
Name

2600 Douglas Road, Suite 811
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33134
City, State, and Zip

16 AUG 19 PM 4:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 60, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H16000206369

H16000206369

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jalme Giammattei
141 Sevilla Avenue
Coral Gables, FL 33134

MGR

Pedro Herran
141 Sevilla Avenue
Coral Gables, FL 33134

AMBR

Valentin Lopez
141 Sevilla Avenue
Coral Gables, FL 33134

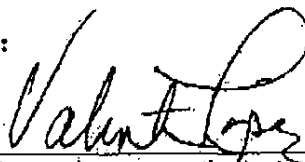
16 AUG 19 PM 4:59
FILED
CLERK OF DISTRICT COURT
CORAL GABLES, FLORIDA

2016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 18, 2016 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 601.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Valentin Lopez

Typed or printed name of signee

H16000206369