1020000 9250 Requestor's Name

1825 Ponce de Leon Blvd., # 265

Coral Cables, FL 33134
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

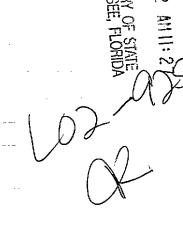
1	(Corporation Name)	(Document #)	
2	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #)	
4.	(Corporation Name)	(Document #)	7
☐ Walk in ☐ Mail out	Pick up time Will wait	Certified Copy Description Certificate of Status	

NEW FILINGS:
Profit
NonProfit
 Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other



FF \$125 OP 50

Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO	MATERIA	(I	
ARTICLE I - Name: The name of the Limited Liability Company is: HPOG, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co. 1825 Ponce de Leon Blvd. #265, Coral Gables ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	FL		3 Y
The name and the Florida street address of the registered agent are: W. Orlando Gonzales. Name 1835 Ponce de Leon Blvd #2 Florida street address (P.O. Box NOT acceptable) Coral Gablos FL 33134 City, State, and Zip	265		
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature	ent as visions o with and	of all	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company.	ers and is	s,	
(An additional article must be added if an effective date is requested) Signature of a member or an 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.)	SECRETARY OF STA	02 APR 12 AMII	
Humber to Perez Typed or printed name of signee	DATE:	27	
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			