

L040000013024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

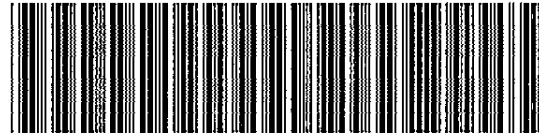
(Business Entity Name)

(Document Number)

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U2/13/04--01043--010 **155.00

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04 FEB 18 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]

W04-6246
J. BRYAN FEB 13 2004

Charter Number Only

FILED
04 FEB 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

2/
Salomon Lucki
Requestor's Name
2100 Coral Way #304
Address
Miami FL 33143
City State ZIP Phone
857-988810

CORPORATION(S) NAME

H.L. Building, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <u>LLC</u> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

Name
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Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 13, 2004

EMPIRE

SUBJECT: H.L. BUILDING, LLC
Ref. Number: W04000006246

We have received your document for H.L. BUILDING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM " for each managing member and/or the letters " MGR " for each manager. LLC don't have officers,

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 404A00009953

FILED
04 FEB 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 FEB 18 AM 10:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H.L. BUILDING, LLC.
(Name of Limited Liability Company)

FILED
04 FEB 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALOMON LUCKI

(Name of Person)

SALOMON LUCKI, ESQUIRE

(Firm/Company)

2100 CORAL WAY, SUITE - 304

(Address)

MIAMI, FLORIDA 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

SALOMON LUCKI

(Name of Person)

at (305) 857-9888
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

04 FEB 18 PM 12:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: H.L. BUILDING, LLC

ARTICLE II - Address:

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

Principal Office Address:

444 N.W. 28TH STREET

MIAMI, FLORIDA 33127

Mailing Address:

444 N.W. 28TH STREET

MIAMI, FLORIDA 33127

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

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

ALBERTO BENHAIM

Name

8125 CRESPI BOULEVARD

Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH FLORIDA 33141

City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

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

ALBERTO BENHAIM
8125 CRESPI BOULEVARD
MIAMI BEACH, FLORIDA 33141

MGRM

JOSE ANTONIO RODRIGUEZ
6 N.E. 50TH STREET
MIAMI, FLORIDA 33127

MGRM

JOSE JULIAN MASO
361 N.W. 7TH STREET
MIAMI, FLORIDA 33136

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

ALBERTO BENHAIM

Typed or printed name of signee

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)