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(Rec	uestor's l	Vame)	
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PICK-UP	□ w	AIT	MAIL
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Special Instructions to F	iling Offic	er.	
Availability			
Document Examiner	DCC		
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Updater Verifyer	DCC		
Acknowledgement	DCC		
W. P. Verifyer	DCC		



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TRANSMITTAL LETTER

FO: Registration Se Division of Co			
SUBJECT:	HZT ENTER	RPRISES, LLC	
	(Name of Limit	ed Liability Company)	
he enclosed Articles of	Organization and fee(s) are	submitted for filing.	
	Please return all corresponde	ence concerning this matter to the following:	
		lector S. Torres	_
		(Name of Person)	
		N/A	
		(Firm/Company)	
	22 S	Southwest 97th. Place	
		(Address)	
	Mi	iami, Florida. 33174	
		y/State and Zip Code)	
For further information	concerning this matter, please	e call:	<u></u>
Hector S	. Torres	at (305) 934-3190 (cell)	달
(Name	of Person)	(Area Code & Daytime Telephone Number)	VISIGITATI O4 MAR - I
			₽

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

TO:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	HZI ENIEF	RPRISES, LLC	<u></u> ,
ARTICLE II - Address: The mailing address and street	address of the pri	ncipal office of the Limited Lial	oility Compar
Principal Office Address:		Mailing Address:	
22 Southwest 97th. Place		P.O. Box 226166	<u> </u>
Miami, Florida. 33174		Miami, Florida. 33122	
305-225-1600 or 305-934-3190			
ARTICLE III - Registered Ap The name and the Florida stree		-	Signature:
	t address of the re	egistered agent are:	Signature:
	t address of the re	egistered agent are:	Signature:
The name and the Florida stree	Hector S. Tor Name 22 Southwest 97	egistered agent are:	Signature:
The name and the Florida stree	Hector S. Tor Name 22 Southwest 97	egistered agent are: res rth. Place	OH DAR - I PR
The name and the Florida stree	Hector S. Tor Name 22 Southwest 97 a street address (P.O.	res Th. Place Box NOT acceptable) FLORIDA 33174	OH DAN

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Hector S. Torres MGR (President) 22 Southwest 97th. Place Miami, Florida. 33174 Zulay C. Teran MGR (Vice-President) 22 Southwest 97th. Place Miami, Florida. 33174 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

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

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)

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

Typed or printed name of signee

that the facts stated herein are true.)