

**L04 000041519**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**HVH NEW WAY, LLC.**

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

HO4 000 117 8483.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
HVH NEW WAY, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

HVH NEW WAY, LLC.

ARTICLE II - ADDRESS

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

600 BRICKELL AVE SUITE 503  
MIAMI, FL. 33131

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

FERNANDO DAMIAN MAZZONI

Name

600 BRICKELL AVE SUITE 503

Florida street address ( P.O.BOX NOT acceptable)

MIAMI, FL. 33131

City, State, and Zip

YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

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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, F.S..

  
REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**HORACIO PABLO BURGHARDT**  
**600 BRICKELL AVE SUITE 503**  
**MIAMI, FL. 33131**

**MANAGER**

**JUANA CRISTINA NAGY DE BURGHARDT**  
**600 BRICKELL AVE SUITE 503**  
**MIAMI, FL. 33131**

**MANAGER**

**VERONICA LAURA BURGHARDT**  
**600 BRICKELL AVE SUITE 503**  
**MIAMI, FL. 33131**

**MANAGER**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(An additional article must be added if an effective date is requested)

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

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(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.)

**FERNANDO DAMIAN MAZZONI**

Typed or printed name of signee

404 000117 8483.

SECURITY DIVISION  
TALLAHASSEE, FLORIDA

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