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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	-	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: HAGE INVESTMENT GROUP, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Santos Robert Soto
(Name of Person)
De Soto Group, P.A.
(Firm/Company)
2701 Michigan Ave., Ste. H
(Address)
Kissimmee, Fl 34744
(City/State and Zip Code)
For further information concerning this matter, please call:
S. Robert Soto, CPA at (407) 348 7752
(Name of Person) (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

HAGE INVESTME	NT GROUP II C			
TAGE INVESTIVE	INT GROOF, LEG			
ARTICLE II - A		principal office of the Limited Liabili	ity Company is:	
Principal Office	Address:	Mailing Address:		
2300 Gull Ct.		2300 Gull Ct.		
Kissimmee, Fl 34743		Kissimmee, FI 34743		
ARTICLE III -	Registered Agent, Register	red Office, & Registered Agent's Sig	gnature:	
	Registered Agent, Register e Florida street address of the	red Office, & Registered Agent's Sig	gnature:	
	e Florida street address of the	e registered agent are:	O4 AUG	
	e Florida street address of the Glenys Pichardo	e registered agent are:	04 AUG -2 SERRI LACO	
	Glenys Pichardo Nan 2300 Gull Ct.	e registered agent are:	O4 AUG	

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.

Ellenzo Lichar Do. .
Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = N		
"MGRM" =	= Managing Member	
MGRM	Glenys Pichardo	
	2300 Gull Ct.	
	Kissimmee, Fi 34743	
MGRM	Hector L. Florentino	
-	359 Prospect St.	
	Ridgewood, NJ 07450	
MGRM	ANGELA FLORENTINO	
	259 Prospect St	
	Riaglwood NJ 07450	
	•	
(Use attach	ment if necessary)	
	• /	
NOTE: A.		
NOIE: A	n additional article must be added if an effective date is requested.	
REQUIRE	D SIGNATURE:	
	Glenso Pichando.	
	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.)	
	Glerys Fichardo	
	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)