Florida Department of State

Division of Corporations Public Access System

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04 DEC 22 PM 12: 46 VISION OF CORPONATION

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: 12000000146
Phone: (305)444-4994
Fax Number: (305)444-4977

LIMITED LIABILITY COMPANY

H & F, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Neme:

The name of the Limited Liability Company is:

H&F, LLC.

ARTICLE II - Address: EFFECTIVE DATE: 01-01-2005

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

483 TALAVERA ROAD WESTON, FL 33326

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

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

LUCIO MICOLTA		
Name		
483 TALAVERA ROAD		
Florida street address (P.O. Box NOT acceptable)		
WESTON , FL 33326		
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, F.S.

Registered Agent's Signatura

LUCIO MICOLTA

Typed or printed name of signee

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

TRIE:	Name and Address:
MANAGER	LUCIO MICOLTA - 25%
	483 TALAVERA ROAD WESTON, FL 33326
MANAGER	OSCAR FERNANDEZ - 25%
	483 TALAVERA ROAD WESTON, FL 33326
MANAGER	CARLOS HERNÁNDEZ- 50%
	483 TALAVERA ROAD WESTON, FL 33928
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(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.)

LUCIO MICOLTA

Typed or printed name of signee

SECRETARY OF STATE

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