Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000218758 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)935-3088

LIMITED LIABILITY COMPANY

Hi-Tech Automation, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$139.00

OS SEP IL MY 7:51

AGLANDASECCHIORIDA

AGLANDASECCHIORIDA

Electronic Filing Menu

Composite Filing

Public Access Help

20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ame	Name
----------------	-----	------

The name of the Limited Liability Company is: Hi-Tech Automation, LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:
1838 Bridgeview Circle	1838 Bridgeview Circle
Orlando, FL 32824	Orlando, FL 32824
	700
	SEP .
ARTICLE III - Registered Agent Regis	stered Office & Registered Agent's Signature
The name and Florida street address of the register	red agent are:
COR	RPDIRECTAGENTS, INC.
	Name
5151	East Park Avenue
	(P.O. Box or Mall Drop Box NOT Acceptable)
Talls	nhassee, FL 32301
	(City / State / 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 Signature - Ed Lary-Ass't Secretary

ARTICLE IV - Manager(s) of The name and address of each Man	r Managing Member(s): ager or Managing Member is as follows:			•
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	Samuel Espinosa-1838 Bridgeview Circle, Orlando, FL	.32824		
(Use attachment if necessary) REQUIRED SIGNATURE:				
Signature (In accordan	of a member or authorized representative of a member. Ice with section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury that are true.		05 SE	enen.
	Samuel Espinosa Typed or printed name of signee	ALASSEE, FLORID	P I AH 7:51	A TOTAL