

**L06000077499****Florida Department of State**

Division of Corporations

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**To:**

Division of Corporations

Fax Number : (850) 205-0383

**From:**

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****CHEstone LLC**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **CHEstone LLC**

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## ARTICLE II - Address

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

Principal Office Address:Mailing Address:2166 South Orange Blossom Trail2166 South Orange Blossom TrailApopka, FL 32703Apopka, FL 32703

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

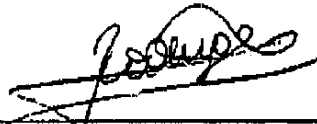
Maximiliano Rodrigues

Name

2166 South Orange Blossom Trail(P.O. Box or Mail Drop Box **NOT** Acceptable)Apopka, FL 32703

(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 - Maximiliano Rodrigues

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:****FILED**

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**MGRM****Maximiliano Rodrigues- 7236 Abbey Lane, Winter Park, FL 32792 34****MGRM****Cristian Rodrigues- 9210 W. 192nd Drive, Miami, FL 33157, FLORIDA**

(Use attachment if necessary)

**REQUIRED SIGNATURE:****Signature of a member or 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. )****Maximiliano Rodrigues****Typed or printed name of signee**