## L07000063762

(Requestor's Name)
(Address)
(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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VALIDATION ONLY

TALLAHASSEE TORIOR

Requestor's Name

Address

City State ZIP Phone

**CORPORATION(S) NAME** 

Acknowledgment

W.P. Varifier

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) Profit		
) NonProfit	( ) Amendment	( ) Merger
) Foreign	( ) Dissolution	( ) Mark
) Limited Partnership	( ) Annual Report	Land there are the Court
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# COMPANY CONTRACTOR OF THE PARTY OF THE PARTY

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ΕI	- N	ame:
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The name of the Limited Liability Company is:

business entity with an active Florida registration.)

HER Management Group, UCC (Must end with the words "Limited Liability Ompany, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1640 NE 181 St No. Miami Beach FC	Same
No. Miami Beach FC	
33165	
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature:
	Registered Agent. You must designate an individual or another

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

Pierre Hector Name 1640 NE 181 St.

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

No. Miami Bch FL 33/62

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 Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)