Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019

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Fax Number

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

LIMA PRODUCTS LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HMA PRODUCTS ELC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Companyis: 10 - Address

Principal Office Address:

Mailing Address:

14 12520 SW 186 STREET

MIAMI, FLORIDA 33177

PO BOX 97-1833

MAMI, FLORIDA 33197-1833

ARTICLE III - Registored Agent, Registered Office, & Registered Agent's Signatures
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another in the business entity with an active Florida registration.)

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

LUIS ALBERTO MARQUEZ

Name

12520 SW 185 STREET

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

MIAMI

33177

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)
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SECRETARY OF STATE OF VIOLENCE OF CORPORATIONS

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGMR	LUIS ALBERTO MARQUEZ	
		MIAMI, FLORIDA 33177	
	MGMR	AMALIA UGAZ	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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(If an	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIO	
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	Signature of a mention	er or an authorized representative of a member.	
	(In accordance with se	ection 608.408(3)/Florida Statutes, the execution titutes an affirmation under the penalties of perjury	
	Amo	ulia Ugaz	•
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Filing Pres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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