FROM /LAZARUS of Corporations



Florida Department of State

Division of Corporations **Public Access System**

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To:

Division of Corporations

Fax Number : (850)617-6383

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

ELORIDA/FOREIGN LIMITED LIABILITY CO.

HAKA, LLC

Certificate of Status Certified Copy Page Count **Estimated Charge** \$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
HAKA, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbrevlation "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:
7.21 CRANDON BLVD APT # 507 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The I indied Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
JORGE BRUGO S
721 CRANDON BLVD APT # 507 Florida street address (P.O. Box NOT acceptable)
KEY BISCAYNE PL 33149
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

FAX NO. :3052201440

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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: Titler Name and Address: "MGR" - Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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: resentative of a member. Signature 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.) BRUGO

Filing Fees:

\$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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Typed or printed name of signee