Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number: I20030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

H FACTOR, LLC

AL

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

CHONODO296 124 3) No. 0889 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	; :
H. FACTOR, LLC	
ARTICLE II - Address: The mailing address and street address of the particle o	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1825 MAIN STREET, SUITE 105 WESTON, FLORIDA 33326	SAME
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature!
The name and the Florida street address of the	registered agent are: AHAS
HOWARD A	
Nam	
1825 MAIN STR	EET, SUITE 105 ddress (P.O. Box NOT acceptable) F S TAIL 2
Florida street a	ddress (P.O. Box NOT acceptable)
WESTON, FL 3332	6 _{FL}
City, State	· · · · · · · · · · · · · · · · · · ·

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

(CONTINUED)

Page 1 of 2

(HONWO294/243)

...

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	Name and Address:
"MGRM" = Managing Member	
MGRM .	HOWARD ARNBERG
	1825 MAIN STREET, SUITE 105
	WESTON, FL 33326
, 	
	P/S ~
(Use attachment if necessary)	AS AS
NOTE: An additional article :	must be added if an effective date is requested.
	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REQUIRED SIGNATURE:	A II: 2 FLORID
_	TATE ORID
- Cu	Myn =
Signature of a n	ambop or an authorized representative of a member.
of this document	of the section 698.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)

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)

Page 2 of 2

Typed or printed name of signee

(40 nood)441243)