

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

NEW HOPE HOLDING COMPANY, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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ECER

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09/18/2008

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RICLES OF ORGANIZATION	FOR FLORIDA LIVILLED LIABILITY CONTAINT	
ARTICLE I - Name:		
The name of the Limited Liability Con	opany is:	
The state of the Emilion District Co.		
NEW LODE LIOURING	COMBANY LLO	
NEW HOPE HOLDING		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II. Address		
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address;	
4160 WEST 16 AVENUE	4160 WEST 16 AVENUE	
SUITE: 303	SUITE: 303	
HIALEAH FL 33012	HIALEAH FL 33012	
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature	2
(The Limited Liability Company cannot serve as its	(/)	7
business entity with an active Florida registration,		
The name and the Florida street addres	is of the registered agent are:	*
,		ر د
MAR	IA A. MESA 🔀 💂 第8	5

Name

4160 WEST 16 AVENUE SUITE: 303 Florida street address (P.O. Box NOT acceptable)

HIALEAH FL 33012

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

> Sep 17 2008 23:38 ECER

(((H08000217981))) ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Manag	ing Member
MGRM	MARIA A. MESA
	4160 WEST 16 AVENUE SUITE: 303
	HIALEAH FL 33012
MGRM	ARMANDO CALSADILLA
	4160 WEST 16 AVENUE SUITE: 303
	HIALEAH FL 33012
· · · · · · · · · · · · · · · · · · ·	
	
(Use attachment if	
ICLE V: Effective da 1 effective date is liste	te, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days pr
ICLE V: Effective da effective date is liste	te, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days prof filing.)
CLE V: Effective da effective date is listed 90 days after the date	te, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days prof filing.)
ICLE V: Effective da effective date is listed 90 days after the date <u>REOUIRED</u> SIGN	te, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days prof filing.)
ICLE V: Effective dans of the section of the sectio	te, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days prof filing.) NATURE: A. Mes.
ICLE V: Effective data is listed 90 days after the data REQUIRED SIGN	te, if other than the date of filing:

\$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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