

Division of Corporations

LD9000039323

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hann Commerce, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR

FLORIDA LIMITED LIABILITY COMPANY

H09000099227

ARTICLE I - Name

The name of the Limited Liability Company is: **Hann Commerce, LLC**

ARTICLE II - Address

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

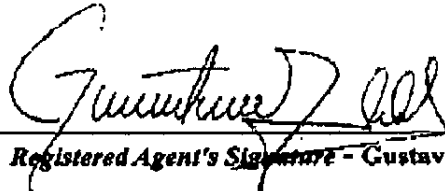
Principal Office Address:Mailing Address:2500 Weston Rd., Suite 1032500 Weston Rd., Suite 103Weston, FL 33331Weston, FL 33331

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Gustavo AndradeName2500 Weston Rd., Suite 103(P.O. Box or Mail Drop Box NOT Acceptable)Weston, FL 33331(City / State / Zip)FILED
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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 - Gustavo Andrade

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

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

H09000099227

Title:

"MGR" = Manager

"MGRM" = Managing Member

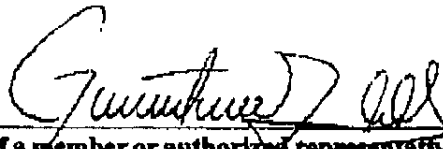
Name and Address:

MGRM

Gustavo Andrade - 1223 Canary Island Dr., Weston, FL 33327

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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 that the facts stated herein are true.)

Gustavo Andrade

Typed or printed name of signee

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