110000021949

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	f)
PICK-UP WAIT	MAIL
(Business Entity Name	s)
(Document Number)	
Certified Copies Certificates o	f Status
Special Instructions to Filing Officer:	
L. SELLERS	6
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EXAMINER

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SECRETARY OF STATE
TAIL A MASSEF FI DRINA

COVER LETTER

TO: Registration Section Division of Corporatio	ns		
SUBJECT: ART	OF LIV	1 NG LLC d Liability Company	
	Name of Emilies	d Diability Company	
The enclosed Articles of Organiz	ation and fee(s) are s	ubmitted for filing.	
Please return all correspondence	concerning this matte	r to the following:	
CON	IRAD F	BONET Name of Person	
ART	OF LI	VINA UC Firm/Company	
2900	SW 28	HERR SU	11/2#100
MIAN	1i , F	7 33133 State and Zip Code _	
E-mail	NKADTE	ENDS Q MC r future annual report notification)	all com.
For further information concernir	ng this matter, please	call:	
CONRAD A . BON Name of Person	VET	at (<u>780</u>) <u>367</u> – Area Code & Daytime Tele	D2 T1
Enclosed is a check for the fol	lowing amount:		
	.00 Filing Fee & [ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. B	ng Address ration Section on of Corporations sox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

HRT OF LIVING, LLC
(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 Company is:

Principal Office Address:	Mailing Address:
2900 SW 28 TERR	P.O. BOX 01-1105
MIAMI, F1.32133	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited 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:

ONRAD A. BONET CEO

Name

1360 NE 130 S T

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

North Miami FL 33181

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)

Page 1 of 2 (CONTINUED)

10 FEB 25 PH I2: 49

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" = Managing Member	LAURA M. BONET 1360 NE 130 ST MANNI, Pl. 33161
(Use attachment if necessary)	
	of filing: (OPTIONAL) cific and cannot be more than five business days prior
REQUIRED SIGNATURE:	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
that the facts stated herein a	r printed name of signee
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)

SECRETARY OF STATE