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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE;

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

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. H.F.P. INVESTMENTS L.L.C.

Certificate of Status 0
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JUL 28 2010

EXAMINER ...

W1-34928

LAZARUS

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July 27, 2010

07/27/2010 08:36

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FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: H.F.P. INVESTMENTS L.L.C.

REF: W10000034928

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 26, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulator Decialist II

FAX Aud. #: H10000169653 Letter Number: 410A00018058

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

H.F.P. INVESTMENTS L.L.C.

(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 Cor

Principal O	ffice Address:
-------------	----------------

Mailing Address:

16924 NW FF PATH MIRMI - 33016 - FI 16924 KW TT PATH MIAML - 33016 - FI

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anothe business entity with an active Florida registration.)

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

FERNANDO A. MONTEIRO

16924 NW 77 PATH
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33016
City, State, and Zip

Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H10000169653

ARTICLE IV- Manager(s) or Managing Member(s): H 1 0 0 0 0 1 6 9 6 5 3 The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	HEETOR D. MONTEIRD 16924 NW 77 PATH MIAMI - FI - 33016
MGRM	PABLO C. MONTEIRO 16924 NOV FT PATH MIRMI - FI - 33016
	PER TO THE
(Use attachment if necessary)	STATE STATE

ARTICLE V: Effective date, if other than the date of filing: July 26, 200. (OPTIONAL) (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:

Signature of a member or an 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.)

HECTOR D. MONTEIRO - PASSO C. HONTEIRO
Typed or 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)

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