

4/15/2011

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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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

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

Email Address: O-torres39@yahoo.com

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Ocho Nietos LLC

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

D. BRUCE
 APR 18 2011
EXAMINER

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Ocho Nietos LLC**

ARTICLE II - Address

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

Principal Office Address:21930 SW 254th StreetHomestead, FL 33031Mailing Address:21930 SW 254th StreetHomestead, FL 33031

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

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

Roberto C. Lizano

Name

21930 SW 254th Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Homestead, FL 33031

(City / State / 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 - Roberto C. LizanoFILED
11 APR 15 AM 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Roberto C. Lizano - 21930 SW 254th Street, Homestead, FL 33031

MGRM


Olga C. Torres - 21930 SW 254th Street, Homestead, FL 33031

MGRM

Carlos M. Torres - 21930 SW 254th Street, Homestead, FL 33031

(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.)

Roberto C. Lizano

Typed or printed name of signer

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