

L11000112999

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000239694 3)))



H110002396943ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : DORAL CORPORATE FILING SERVICE
Account Number : I20070000081
Phone : (305) 436-0979
Fax Number : (305) 592-5575SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT -3 AM 8:44

FILED

****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.

Inversiones Hiparion, LLC.

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

A. LUNT

OCT -4 2011

EXAMINER

RECEIVED
11 OCT -3 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000239694

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inversiones Hiparion, 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:

8251 SW 85th Terrace
Miami FL 33143

Mailing Address:

8251 SW 85th Terrace
Miami FL 33143

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:

Nelson Alfredo Sanchez Sanabria

Name

8251 SW 85th Terrace

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

Miami

FL 33143

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..

Nelson Sanchez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H11000239694

FILED
2011 OCT -3 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

111000239694

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:

MGR

Nelson Alfredo Sanchez Sanabria
8251 SW 85th Terrace
Miami FL 33143

MGRM

Maria Gabriela Mora Bello
8251 SW 85th Terrace
Miami FL 33143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/28/2011 (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:

Nelson Sanchez
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nelson Sanchez
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)

Page 2 of 2

111000239694

2011 OCT -3 PM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED