

MAR/26/2012/MON 12:15 PM

Division of Corporations

FAX No.

P 001 004

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
2H2MS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

A. LUNT

MAR 27 2011

EXAMINER

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**2H2MS LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC" or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

10251 W. SAMPLE RD, SUITE D  
CORAL SPRINGS, FL 33065

**Mailing Address:**

10251 W. SAMPLE RD, SUITE D  
CORAL SPRINGS, FL 33065

**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:

**R&P ACCOUNTING & TAXES INC**

Name

**150 S.E 2<sup>ND</sup> AVE SUITE 1110**

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

**MIAMI, FL. 33131**  
FL City, State, and Zip

2012 MAR 26 AM 9:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

X

Registered Agent's Signature (REQUIRED)

2012 MAR 26 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

**Title:****MGRM**

**MARCELO G. SANGINETTI**  
10251 W. SAMPLE RD. SUITE D  
CORAL SPRINGS, FL 33065

**MGRM**

**MONICA C. SANGUINETTI**  
10251 W. SAMPLE RD. SUITE D  
CORAL SPRINGS, FL 33065

**MGRM**

**HORACIO A. SANGUINETTI**  
10251 W. SAMPLE RD. SUITE D  
CORAL SPRINGS, FL 33065

**MGRM**

**HECTOR H. SANGUINETTI**  
10251 W. SAMPLE RD. SUITE D  
CORAL SPRINGS, FL 33065

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*(Use attachment if necessary)*

**ARTICLE V: Effective date, if other than the date of filing (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**

X

  
\_\_\_\_\_  
*Signature of a member or an authorized representative of a member.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR 26 AM 9:08

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*(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.)*

**MARCELO G. SANGUINETTI**  
*Typed or printed name of signee*