	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.
	(((H12000193426 3)))
Note: 1	DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
T.	o: Division of Corporations Fax Number : (850)617-6383
F	rom: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440
**En	ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
	Email Address:
RECEIVED 12 JUL 30 PH 3 OL	YO FLORIDA LIMITED LIABILITY CO.   H.R. FINDS LLC   Certificate of Status 1   Certified Copy 0   Page Count 03   Estimated Charge \$130.00

B. BOSTICK JUL **31** 2012 EXAMINER 1

## H12000193426

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

(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:	
9221 SW 24 FERRACE	SAME	
MIAMI FC 33165		
	•	

ARTICLE M - 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:

Florida street address (P.O. Box <u>NOT</u> acceptable) ENRIQUE S. Name MIAMI FL 33165 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.

stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

### H12000193426

06/11/	2030	04:	15

#2655 P.003/003

ARTICLE IV- Manager(s) or Man	0 0 1 9 3 4 2 6 aging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ENRIQUE S. Rodriguez 9221 SW 24 TERR Miami FL 33165
<u> </u>	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (BPTIONAL) (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.)

**<u>REQUIRED</u> SIGNATURE** C  $\Box$ 

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.)

JUEZ ENRIQUE Typed or printed name of signee

Page 2 of 2

# H12000193426