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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-5383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter 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 NOV 19 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
HAUS HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	004
Estimated Charge	\$125.00

C. LEWIS

NOV 20 2012

EXAMINER

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DIVISION OF CORPORATIONS
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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAUS HOLDINGS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OTTAVIO BRUNO
Name of Person

Firm/Company

1150 MEYERSIDE DRIVE
Address

MISSISSAUGA, ONTARIO, CANADA L5T-1J4
City/State and Zip Code

OTTAVIO.BRUNO@352VR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OTTAVIO BRUNO at (416) 834-2315
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAULS HOLDINGS 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:

1150 MEYERSIDE DR.
MISSISSAUGA, ONTARIO
CANADA L5T-1J4

Mailing Address:

1150 Meyerside Dr.
Mississauga, Ontario
Canada L5T-1J4

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:

Brad Beauchamp

Name

5374 Venetia Drive, Unit D

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

Boynton Beach FL 33437

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.

Brad Beauchamp

By: Brad Beauchamp

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

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Title:

"MGR" = Manager

- "MGRM" = Managing Member

Name and Address:

MGRM OTTAVIO BRUNO

1150 MEYERSIDE DR
MISSISSAUGA, ONTARIO CANADA
L5T-1S4

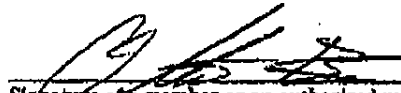
MGR BRAD BEAUCHAMP

158 VENTURE DRIVE
WILLOWBRIDGE, ONTARIO CANADA
L4L-0X6

(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:


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.)

OTTAVIO BRUNO
Typed or printed name of signer

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)