13000001116

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
	•	

Office Use Only



200242681932

01/03/13--01009--010 **375.00

DEPARESENT OF STATE

TILEU
13 JAN -3 PH 1: 29
SEGRETARY OF STATE
ALLAHASSEF, FLORID

\$313

CORPORATE	ı
ACCESS	

"When you need ACCESS to the world"

	ווא אוסאמן	n .	1/2/12.	M. 0	
	PICK UI	-	11 3/15	Win La	
				•	
PHOTOC	OPY				
CUS					
FILING			1		
HCO'		C.			
CORPORATE NA	ME AND DOCUMEN	TT #)			
CORPORATE NA	ME AND DOCUMEN	T #)			TAS 1
					SE GREE 13 JA TT
ORPORATE NAI	ME AND DOCUMEN	T #)			TAR TAR
					70 3 11
ORPORATE NAI	ME AND DOCUMEN	T#)			1: 29 1: 29 SIAT
					DE S
ORPORATE NAI	ME AND DOCUMEN	T #)			
			·····		
ORPORATE NA!	ME AND DOCUMEN	T#)			
	PHOTOCOCUS FILING FILING ORPORATE NA ORPO	FILING HCOD ORPORATE NAME AND DOCUMEN ORPORATE NAME AND DOCUMEN ORPORATE NAME AND DOCUMEN ORPORATE NAME AND DOCUMEN	PHOTOCOPY CUS	PHOTOCOPY CUS FILING HCOD CORPORATE NAME AND DOCUMENT #) ORPORATE NAME AND DOCUMENT #)	PHOTOCOPY CUS FILING HCOD CORPORATE NAME AND DOCUMENT #) ORPORATE NAME AND DOCUMENT #)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
HCO2, LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1170 6th Ave, #11A	1170 6th Ave., #11A
Vero Beach, FL 32960	Vero Beach, F1 32960
1170 6th Ave.,	address (P.O. Box NOT acceptable)
Vero Beach	32060
	State, and Zip
liability company at the place designated i registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as facity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S
Registered Agent's Sig	nature (REQUIRED) ALLAH AN AN AN AN AN AN AN AN AN
(CONT)	INUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manage	r	Name and Address:	
"MGRM" = Mana	ging Member		
MGRM		Antonio P. Assaf	
	-	1170 6th Ave #11A	
		Vero Beach, F1 32960	
	_		
	-		
	, ,		
	-		
effective date is list	te, if other than the	e date of filing: (OPTIOI t be specific and cannot be more than five busi	NAL ness
CLE V: Effective da effective date is list o or 90 days after th	te, if other than the ed, the date must e date of filing.)	e date of filing: (OPTIOI t be specific and cannot be more than five busi	NAL) ness
CLE V: Effective da	te, if other than the ed, the date must e date of filing.)	e date of filing: (OPTION to be specific and cannot be more than five busing	NAL) ness
CLE V: Effective da effective date is list o or 90 days after th	te, if other than the ed, the date must e date of filing.)	e date of filing: (OPTIOI to be specific and cannot be more than five busing the specific and cannot be more than the specific and ca	NAL)
CLE V: Effective da effective date is list o or 90 days after th REQUIRED SIGN	te, if other than the ed, the date must e date of filing.)	t be specific and cannot be more than five busi	NAL) ness
CLE V: Effective date is list or 90 days after the REOUIRED SIGN	te, if other than the ed, the date must e date of filing.) ATURE:	t be specific and cannot be more than five busi	NAL)
CLE V: Effective date is list or 90 days after the REOUIRED SIGN Signature of the second constitutes I am award	te, if other than the ed, the date must e date of filing.) IATURE: Ignature of a membe ance with section 608 an affirmation under e that any false inform	t be specific and cannot be more than five busi	NAL _j
CLE V: Effective date is list or 90 days after the REOUIRED SIGN Signature of the second constitutes I am award	te, if other than the ed, the date must e date of filing.) (ATURE: gnature of a member ance with section 608 an affirmation under that any false inform a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) P Assaf	ness
CLE V: Effective date is list or 90 days after the REOUIRED SIGN Signature of the second constitutes I am award	te, if other than the ed, the date must e date of filing.) (ATURE: gnature of a member ance with section 608 an affirmation under that any false inform a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ness
CLE V: Effective date is list or 90 days after the REOUIRED SIGN Signature of the second constitutes I am award	te, if other than the ed, the date must e date of filing.) (ATURE: gnature of a member ance with section 608 an affirmation under that any false inform a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) P Assaf	ness 13 JAN
CLE V: Effective date is list or 90 days after the REOUIRED SIGN In accordance on stitutes I am aware constitutes Filing Fees:	te, if other than the ed, the date must e date of filing.) ATURE: gnature of a membe ance with section 608 an affirmation under that any false inform a third degree felony Atnon10	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) P Assaf	ness
CLE V: Effective date is list or 90 days after the REOUIRED SIGN In accordance on stitutes I am aware constitutes Filing Fees:	te, if other than the ed, the date must e date of filing.) ATURE: gnature of a membe ance with section 608 an affirmation under that any false inform a third degree felony Atnon10 Tyle for Articles of Organical Agent	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) P Assaf ped or printed name of signee	ness 13 JAN