Page 1 of 1

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.

(((H130002150393)))



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

To:

. W.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 : (305)599-0839

Fax Number : (305)592-9591

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.

HEZ Properties LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help s. Shees SFP 2.7 TIB

https://efile.sunbiz.org/scripts/efilcovr.exe

9/26/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

HEZ Proporties LLC

ARTICLE II - Aildress:

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

9808 NW 80th Ave 10-A, Hinlenh Gardens, FL 33016

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jounthan Calderon Name		
9808 NW 80 th Ave. 10-A		
Florida street address (P.O. Box not acceptable)	<u></u> .	
Hinleah Gardens, FL 33016 City, State and Zip	333	12 Page 17-41
	\ <u>\)</u>	Cuttering Generalism S
Having been named as registered agent and to accept service of process for the above stated $\frac{1}{100} \approx 1$ United liability company at the place designated in this certificate, I hereby accept the $\frac{1}{100} \approx 1$, 25.4 35.	428
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 $E_{ m c}$	∴. ∵	n n
am familiar with and accept the obligations of my position as registered agent as provided for in-	<u> </u>	"Especial"
Chapter 608, F.S.		
Registered Agent's Signature		

Frank A. Ferraro, CPA, PA 3601 SE Quenn Boulevard, Stc. 005 Stuart, Florida 34996 772-283-5001

VIVITCINE 1A - MANUEREL(a) OL MANUERRING MACHINES(a);		
The name and address of each Manager or Managing Mer	mber is as follows:	
<u>Title</u> "MGR" - Manager "MGRM" - Managing Member	Name and Address;	
MGRM	Diamond Enterorises LLC 1919 Williamshridge Road Bronx, NY 10461 Title: MGRM C/O David T. Diamond	
REQUIRED SIGNATURE: Signature of a member or an authorized (In accordance with section 608.408(3) First of the document constitutes an affirmation	representative of a member	15 15 15 15 15 15 15 15 15 15 15 15 15 1
that the facts stated herein are true) David T. Diamond Typed or printed name of signee	ander penatures of parjury	

Frank A. Ferraro, CPA, PA 3601 SE Ocean Boulevard, Suite 005 Stuart, Florida 34996 772-283-5001

ι,ν.