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SECRETARY OF STATE ORIDA

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT: Habar	na Guys Name of Lin	mited Liability Company	
	es of Organization and fee(s) a	•	
Julio C	espondence concerning this m	natter to the following:	
Jane	50,00	Name of Person	
<u>Habana</u>	a Guys LLC	Firm/Company	
<u>13222 (</u>	Moran Dr	Address	
Tampa.	FL 33618	City/State and Zip Code	
iccuba@hotm	ail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further informati	on concerning this matter, ple	ase call:	
Julio C Lopez Na	at (at (813) 679-3124 Area Code Davtime Te	lephone Number
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
v	-::: A J.J	Street/Couries Add	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The hanc of the similar shortly company to				
Habana Guys LLC				
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	Consequent in the little Comment in			
The mailing address and street address of the principal off	nce of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5412 N Church Ave	13222 Moran Dr			
Tampa, FL 33614	Tampa FL 33618			
ARTICLE III - Registered Agent, Registered Office, &	C Desistand Agent's Signature			
(The Limited Liability Company cannot serve as its own F	Registered Agent. You must designate an individ	dual or		
another business entity with an active Florida registration	.)		ris	
The name and the Florida street address of the registered a	agent are:	語	2014 NOV	
Julio C Lopez			哥	-
Name		· 经营	10 PH 12: 44	Ī
13222 Moran Dr		Fig	72	1
Florida street address (P.O. Box)	NOT acceptable)		<u>2</u>	
Tampa	FL 33618		<u> </u>	
City	Zip	7.7	+-	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter Registered Agent's Signatus (CONTINUE)	the appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as proper 605, F.S	o act in the performa	nis nnce	

REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	<u>Title:</u>		Name and Address:		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: 11/06/14 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.) E. VI: Other provisions, if any. REOUTRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (f) (b), 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.) Julio C Lopez Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Member			
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