

L14000190760

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.

(((H14000287654 3)))



H140002876543ABC4

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

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

2014 DEC 12 AM 8:26
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 14 DEC 15 AM 10:00
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

* Enter email address for this business entity to be used for future report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO. HIVOVA 1 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

85887

Please file on the day that was fax 12/12/14

re fax 12/15/14

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
EXAMINER
DEC 16 2014



December 15, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

C/O INAKI SAIZARBITORIA, ESQ., P.A.
21 SW 15 ROAD, STE 200
MIAMI, FL 33129

SUBJECT: HIVOVA 1 LLC
REF: W14000073763

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please complete article IV of the form with the name and title of the person to manage the LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000287654
Letter Number: 914R00026417

RECEIVED
14 DEC 15 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

114000287654

3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

HIVOVA 1 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>7400 S.W. 50 TERR.</u>	<u>7400 S.W. 50 TERR.</u>
<u>SUITE 304</u>	<u>SUITE 304</u>
<u>MIAMI, FLORIDA 33155-4487</u>	<u>MIAMI, FLORIDA 33155-4487</u>

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:

PASTROFF, BARJA, KELLY & CO.
Name

7400 S.W. 50 TERR. SUITE 304
Florida street address (P.O. Box NOT acceptable)

MIAMI City FL 33155-4487 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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 DEC 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

WORM INC.

7400 S.W. 60 TERR. SUITE 304

MIAMI, FLORIDA 33155-4487

(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.)

ARTICLE VI: Other provisions, if any.

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 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.)

JAVIER DE CASTRO

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)

FILED
2014 DEC 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA