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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED FEB 2 2015

**Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314**

**SUBJECT: Hazdalgo & Associates LLC**

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

Please return all correspondence concerning this matter to the following:

Robert M. Cimino, E.A.  
Robert M. Cimino Inc.  
845 8<sup>th</sup> Street  
Vero Beach, FL 32962

[robert@robertciminoinc.comcastbiz.net](mailto:robert@robertciminoinc.comcastbiz.net)

For further information concerning this matter, please call:

Robert M. Cimino at 772-562-1659

Enclosed is a check for the following amount:

A check for \$130.00 Filing Fee & Certificate of Status is enclosed.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is Hazdalgo & Associates LLC

ARTICLE II

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

Principal Office Address:

303 Indian Hill Drive  
Ft. Pierce, FL 34982

Mailing Address:

303 Indian Hill Drive  
Ft. Pierce, FL 34982

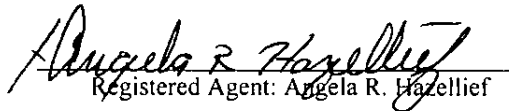
ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

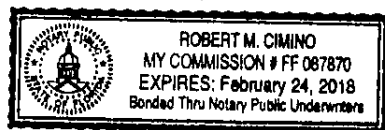
The name and the Florida Street Address of the registered agent are:

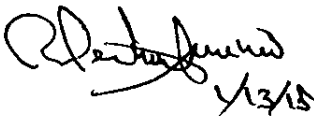
Angela R. Hazellief  
303 Indian Hill Drive  
Ft. Pierce, FL 34982

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 proved for in

Chapter 605.F.S.

  
Registered Agent: Angela R. Hazellief



  
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**ARTICLE IV**

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

<u>Title</u>	<u>Name and Address:</u>
AMBR	Angela R. Hazellief 303 Indian Hill Drive Ft. Pierce, FL 34982
	Eusebio Sanchez 303 Indian Hill Drive Ft. Pierce, FL 34982

**ARTICLE V:** Effective date, if other than the date of filing: January 15, 2015.

**ARTICLE VI:** Other provisions, if any.

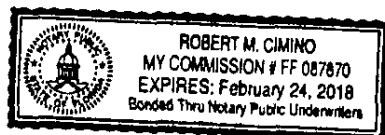
None

**REQUIRED SIGNATURE:**

*X Angela R Hazellief*  
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 here in 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.)

*X Angela R Hazellief*  
Typed or Printed Name of Signer



*Robert M. Cimino*  
1/13/15

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