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(Reque	stor's Name)	
(Addres	s)	·
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(City/St	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
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2015 NAR -3 PM 3: 18

COVER LETTER

	on Section f Corporations		
SUBJECT: He	Rus' Propor	Hes, LLC nited Liability Company	
The enclosed Articl	es of Organization and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this m	natter to the following:	
	Donougl	Hew	
-	1 \.	Name of Person	
	Hews"	Properties, L	-LC
	_	Firm/Company	
	2100	NW 132Nd	street
	, ,	Address	
	Miami	FL 3316	7
a	onovalh Qu	City/State and Zip Code GNOO · COM d for future annual report notifica	uton)
For further informat	ion concerning this matter, plea		·
Donoval	HeW at (Area Code Daytime Tel	7493 Jephone Number
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	S130.00 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)
<u>N</u>	failing Address	Street/Courier Add	r <u>ess</u>

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I. Name.

The name of the Limited Liability Company is:	
Hew' Properties, (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	re of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Donoval How 2100 Nu 132 nd Street Many FL 3316)	Donoval Hew 2100 NW 132 nd Street Miami 1-L, 33/67
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Donoval How	11 11 11 11 11 11 11 11 11 11 11 11 11
2100 NW 132	nd street 35 E
Florida street address (P.O. Box <u>N</u> Mamı FL	
City	

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)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Domini Hew
MAR	"Helps" Properties, LLC
	2100 NW 132 M Street
	Miam, FL 33167
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing: NOW (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a
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V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation un	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
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