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(Re	questor's Name)
(Ad	dress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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09/11/15--01007--019 **155.00

SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	HYPOTH
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retui	rn all correspondence concerning this matter to the following:
	PENG LIU
	Name of Person
	HYPOTH, LLC.
	Firm/Company
	3030 N. Rocky Point Dr. STE 150A
	Address
	Tampa, Florida 33607
I	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	PENG LIU 1 7865032791
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Sling Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section New Filing Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

HYPOTH, LLC. (Must end	with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
he mailing address and street a	ddress of the principal office	of the Limited Liability Company is:		
<u>Princip</u>	al Office Address:	Mailing Address:		
3030 N. Rocky Poi	nt Dr. STE 150A	3030 N. Rocky Point Dr. STE 150A	.	
Tampa, Florida 336	507	Tampa, Florida 33607		
The Limited Liability Company	cannot serve as its own Reg	egistered Agent's Signature: cistered Agent. You must designate an individual of	1777VI 18033 18 54	1
The Limited Liability Company nother business entity with an	cannot serve as its own Regactive Florida registration.)	gistered Agent. You must designate an individual of		,
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an a	ecannot serve as its own Reg active Florida registration.) address of the registered age	gistered Agent. You must designate an individual of	SEP II	
The Limited Liability Company mother business entity with an a	cannot serve as its own Regactive Florida registration.) address of the registered age NORTHWEST REG	ristered Agent. You must designate an individual o	SEP II PH I	•
The Limited Liability Company nother business entity with an	cannot serve as its own Regactive Florida registration.) address of the registered age NORTHWEST REG	cistered Agent. You must designate an individual of an are:	SEP II PH I	
The Limited Liability Company mother business entity with an a	cannot serve as its own Regoctive Florida registration.) address of the registered age NORTHWEST REGOCK National States of the States of the Registered Age NORTHWEST REGOCK National States of the Registered Age NoRTHWEST REGISTER National States of the Registe	cistered Agent. You must designate an individual of the state of the s	SEP II PH 4: 1	
The Limited Liability Company mother business entity with an a	cannot serve as its own Regoctive Florida registration.) address of the registered age NORTHWEST REGOCK National States of the States of the Registered Age NORTHWEST REGOCK National States of the Registered Age NoRTHWEST REGISTER National States of the Registe	ent are: ISTERED AGENT LLC Imme Point Dr., STE 150A O. Box NOT acceptable)	SEP II PH I	

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..

Tom Glover/Manager/Northwest Registered Agent LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "AMBR" = Authorized	Name and Address:	
"MGR" = Manager AMBR	PENG LIU 3030 N. Rocky Point Dr. STE 150A Tampa, Florida 33607	
MGR	YANCHAO HUANG 3030 N. Rocky Point Dr. STE 150A Tampa, Florida 33607	
MGR	HSI MING CHEN 3030 N. Rocky Point Dr. STE 150A Tampa, Florida 33607	Control of the Contro
(Use attachment if neces	sary)	Caral
(If an effective date is listed, the the date of filing.) Note: If the date inserted in this	ner than the date of filing: 09/10/2015 (OPTIONAL) (ate must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	•
ARTICLE VI: Other provisions, i PENG LIU is the founder of H' PENG LIU has the power to m		
REOUIRED SIGNATI	RE: PEIVG LIJ	
Si	nature of a member or an authorized representative of a member.	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

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)