

**L16000092372**

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.**

((H16000119093 3)))



H160001190933ABC/

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

RECEIVED

16 MAY 13 AM 11:16

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407)581-9800  
Fax Number : (407)581-9801

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

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

**FLORIDA LIMITED LIABILITY CO.  
HUI JIN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H16000119093 3)))

**ARTICLES OF ORGANIZATION  
OF  
HUI JIN, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is HUI JIN, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

750 Florida Central Parkway, Suite 100  
Longwood, Florida 32750

The mailing address of the principal office of the Company is as follows:

750 Florida Central Parkway, Suite 100  
Longwood, Florida 32750

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m., on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV  
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esquire  
Shufflied, Lowman & Wilson, P.A.  
1000 Legion Place  
Suite 1700  
Orlando, Florida 32801

(((H16000119093 3)))

**ARTICLE V  
MANAGEMENT**

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

<u>Title</u>	<u>Name and Address</u>
Manager	Biagio Schiano 872 Creston Drive Maitland, Florida 32751

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

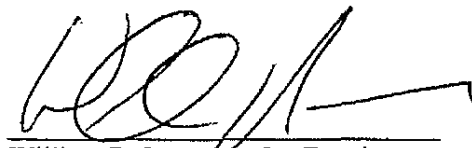


William R. Lowman, Jr., Esq., as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*



William R. Lowman, Jr., Esquire