## L 6000105894

| (Requestor's Name)                      |   |  |  |  |
|---|---|--|--|--|
| (Address)                               |   |  |  |  |
| (Address)                               | _ |  |  |  |
| (City/State/Zip/Phone #)                |   |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |
| (Business Entity Name)                  |   |  |  |  |
| (Document Number)                       |   |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| W16-33869                               |   |  |  |  |

Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   | ř.  |  |
|--|---|---|--|
| SUBJECT: HB                              | Enter pru (Name of Limited  | Ses, LLC<br>d Liability Company)  |  |
| The enclosed Articles of (               | Organization and fee(s) are s   | ubmitted for filing.  |  |
| Please return all correspon              | ndence concerning this matte  | er to the following:  | •  |
| He                                       | erodis BA   | utista  | الله<br>بدر  |
| HB                                       | Enterpris   | Name of Person)  Lo , LLC  Firm/Company)  | e.<br>Als  |
| 8635                                     | Fancy F   | inch br #   | -103   |
| ta                                       | mpa FL 33   | 3614<br>State and Zip Code)   |  |
|  | (City/  | State and Lip Code)   |  |
| For further information co               | oncerning this matter, please   | call:   | ,<br>,   |
| -Herodes                                 | Bautista (Person)   | at (6/7) 763<br>(Area Code & Daytime Te   | 8412-<br>elephone Number)  |
| Enclosed is a check for                  | the following amount;   |   |  |
|  | \$130.00 Filing Fee & Certificate of Status   | S155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 32301 | ns   |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

HERODIS BAUTISTA 8635 FANCY FINCH DR #102 TAMPA, FL 33614

SUBJECT: HB ENTERPRISES, LLC Ref. Number: W16000033869

We have received your document for HB ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00009716

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   |                   |
|--|---|-------------------|
| The name of the Limited Liability Company is   | S:  |                   |
|  | UR tot cot  | والمراجع والمراجع |
| (Must end with the words "Limited Liability Company," Lim  | nited Company" or their abbreviation "LLC," or "L.  | rprises; s        |
| ARTICLE II - Address:  |   |                   |
| The mailing address and street address of the  | principal office of the Limited Liability           | Company is:       |
| Principal Office Address:  | Mailing Address:                                    |                   |
|  |   | Mary Topics       |
| 8635 Fancy Finch Dr #10.   |   |                   |
|  |   |                   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | sistered Agent. You must designate an individual or | ature:            |
| The name and the Florida street address of the   | e registered agent are:                             |                   |
| Herodis E  | BAUTISTA  | z ω = ·           |
| Name   | le .  |                   |
| 8635 Fancy   | ddress (P.O. Box NOT acceptable)                    | 1 5: 2:           |
| Tampy  | FL 33614  |                   |
| City, State,   | , and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

| ARTICLE IV- Manager(s) or Manag   | FILED   |  |
|---|---|--|
| ARTICLE IV- Manager(s) or Manager The name and address of each Manager  | or Managing Member is as  | follows: MAY 31 AM 5: 27               |
| Title: "MGR" = Manager "MGRM" = Managing Member   | Name and Address:   | SECRETARY OF STATE TALLAHASSEF FLORIDA |
| MGR   | Herodis Ba<br>8635 Panc<br>Tampu FL   | intista<br>y Finch 00 # 107<br>33614   |
|   |   |  |
|   |   |  |
| (Use attachment if necessary)   |   |  |
| ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sto or 90 days after the date of filing.) |   | than five business days prior          |
| REQUIRED SIGNATURE:   |   |  |
| Heroel /  | 3 outitia<br>r an authorized representative o                                       | of a member,                           |
|   | n 608.408(3), Florida Statutes, these an affirmation under the penalt in are true.) |  |
| Herodis<br>Typed  | BAUTISTA<br>For 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)