

L16000173040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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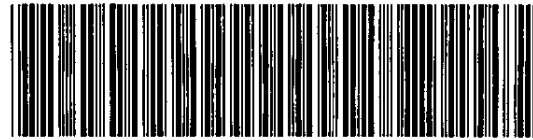
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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26x  
9/16/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIGHGRADE ENTERTAINMENT, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DAVID BERCUSON, P.A.  
Name of Person

DAVID BERCUSON, P.A.  
Firm/Company

8950 S.W. 74 COURT, #1813  
Address

MISMI, FL 33156  
City/State and Zip Code

DBERCUSON @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BERCUSON at ( 305 ) 670-0018  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 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)

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

**Street Address**  
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:

The name of the Limited Liability Company is:

HIGHGRADE ENTERTAINMENT, LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1396 W. 60 TERRACE  
HIALEAH, FL 33012

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

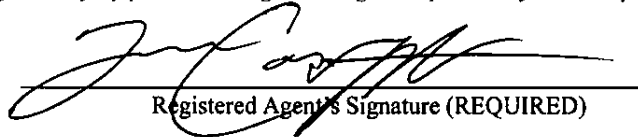
The name and the Florida street address of the registered agent are:

SUAN M. CASTAÑEDA  
Name

1396 W. 60 TERRACE  
Florida street address (P.O. Box **NOT** acceptable)

HIALEAH FL 33012  
City State 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 605, F.S..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

⊗ SEE ATTACHED LIST ⊗

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9-1-16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

  
Signature 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.

JUAN M. CASTAÑEDA

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)

\*\*\*Continued

ARTICLE IV	
MGR	CASTAÑEDA, JUAN M. 1396 WEST 60 TERRACE HIALEAH, FL 33012
MGR	MONTENEGRO, DEREK E. 7260 WEST 2 COURT HIALEAH, FL 33014
MGR	GONZALEZ, JOVANNY 1450 WEST 38 PLACE HIALEAH, FL 33012
MGR	OCEGUERA, JAY 5790 WEST 14 COURT HIALEAH, FL 33012
MGR	FERNANDEZ, ALEXANDER 7866 WEST 34 LANE, #102 HIALEAH GARDENS, FL 33018
MGR	MCWILLIAMS, ZACHARY G. 1451 NORTHEAST 103 STREET MIAMI SHORES, FL 33138
MGR	FRANJUL, HECTOR E. 1101 WEST 53 TERRACE HIALEAH, FL 33012
MGR	CASTILLO, GABRIEL O. 12238 SOUTHWEST 17 LANE MIAMI, FL 33175

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CLERK OF DISTRICT COURT  
MIAMI, FLORIDA