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COVER LETTER

D	Division of Corporations			
CUD IECT	Hypermotive, LLC.			
SUBJECT		ne of Limited Liab	ility Company	
The enclos	sed Articles of Organization and	fee(s) are submitte	d for filing.	
Please retu	urn all correspondence concerning	g this matter to the	following:	
	Joel Cossio			
		Name o	f Person	
	Hypermotive, LLC.			
		Firm/C	ompany	
	104475 Overseas Hwy.			
		Ado	ress	
	Key Largo, Fl. 33037			
	hypermotiveus@gmail.com	City/State a	nd Zip Code	
-	E-mail address: (to	be used for future	annual report notificat	tion)
For further is	information concerning this matte	er, please call:		
	Joel Cossio	305	522-0994	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	s a check for the following amou	nt:		
\$125.00 F	•	Fee & \$155 tatus Certi	.00 Filing Fee & fied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2016

JOEL COSSIO 104475 OVERSEAS HWY. KEY LARGO, FL 33037

SUBJECT: HYPERMOTIVE, LLC. Ref. Number: W16000060287

We have received your document for HYPERMOTIVE, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return 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.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 916A00018551

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hypermotive, LLC. (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
104475 Overseas Hwy.	104475 Overseas Hwy.
Key Largo, FL 33037	Key Largo, Fl. 33037
TICLE III - Registered Agent, Registered Office, &	D 14 34 41 01 4

Name

125 Susan St.

Florida street address (P.O. Box NOT acceptable)

Key Largo Fl. 33037

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)

Page 1 of 2

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Joel Cossio 125 Susan St, Key Largo, Fl. 33037	<u>-</u>
AMBR	Roberto Hernandez T04475 Overseas Hwy.	_
	Key Largo, FL. 33037	_
AMBR	Yalili Cossio	_
	125 Susan St. Key Largo, Fl. 33037	_
		_
		<u> </u>
		_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 25, 2016. (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.)

<u>Note:</u> 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.

Joel Cossio

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)