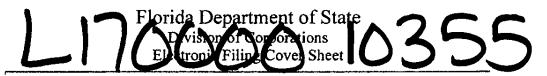
Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone : (800)221-2972 Fax Number : (888)692-9256

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

| Email | Address: | |
|-------|----------|--|

FLORIDA LIMITED LIABILITY CO. HIT Enterprises, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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JAN 1 7 2017

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: HIT Enterprises, 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: 6251 N. Dale Mabry Hwy 6251 N. Dale Mabry Hwy Tampa, FL 33614. Tampa, FL 33614. 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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. Name 155 Office Plaza Drive, 1st Fl. Florida street address (P.O. Box NOT acceptable)

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..

FL

State

TALLAHASSEE

City

JOSE MOJICA, ASST. SECY.

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

RECRETARY OF STATE

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| MGR" = Manager | |
| AMBR | Carlos Ugaide Vázquez |
| | 11021 Redhawk Street |
| | Plantation, FL 33324 |
| AMBR | Carmen Ugalde Român |
| | 11021 Redhawk Street |
| | Plantation, FL 33324 |
| AMBR | Carlos Ugalde Román |
| | 46 Falcon St., Montehiedra |
| | San Juan, PR 00926 |
| AMBR | Carmen Rita Ugalde |
| | 720 Palm Avenue |
| | Plantation, FL 33324 |
| V: Effective date, if other than the date of filir tive date is listed, the date must be specific a | ng: (OPTIONAL) and cannot be more than five business days prior to or 9 |
| EV: Effective date, if other than the date of filir ctive date is listed, the date must be specific a filing.) The date inserted in this block does not meet the | end cannot be more than five business days prior to or 9 e applicable statutory filing requirements, this date will no |
| CV: Effective date, if other than the date of filir ctive date is listed, the date must be specific a filing.) the date inserted in this block does not meet the lent's effective date on the Department of Statement's effective date on the Department. | end cannot be more than five business days prior to or 9 e applicable statutory filing requirements, this date will no |
| E.V: Effective date, if other than the date of filir ctive date is listed, the date must be specific at filing.) the date inserted in this block does not meet the date inserted at the Department of States. EVI: Other provisions, if any. | end cannot be more than five business days prior to or 9 e applicable statutory filing requirements, this date will no |
| ctive date is listed, the date must be specific at filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any. Signature of a member of This document is executed in a lam aware that any false inform | end cannot be more than five business days prior to or 9 e applicable statutory filing requirements, this date will no |
| E.V: Effective date, if other than the date of filir ctive date is listed, the date must be specific at filing.) the date inserted in this block does not meet the date inserted in the Department of States. EVI: Other provisions, if any. Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony. JOSE MOJICA | e applicable statutory filing requirements, this date will not e's records. or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, the properties of the proper |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)