

L17000194720

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.

(((H17000240460 3)))



H170002404603ABCY

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

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED

17 SEP 19 PM 4:51

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
HINDU PROPIEIDADES II, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	65
Estimated Charge	\$130.00

STATE OF FLORIDA

17 SEP 19 AM 10:27

FILED

H17000240460

**ARTICLES OF ORGANIZATION
OF
HINDU PROPIEADAES II, L.L.C.**

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named: HINDU PROPIEADAES II, L.L.C.

ARTICLE I.

NAME

The name of the Limited Liability Company shall be
HINDU PROPIEADAES II, L.L.C.

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be: 16850 COLLINS AVE STE 105, SUNNY ISLES BEACH, FL. 33160.

FILED
17 SEP 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000240460

H17000240460

ARTICLE III.
DURATION

The period of duration for the Limited Company shall be perpetual.

ARTICLE IV.
PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V.
MANAGEMENT

This Limited Liability Company shall be managed by one Manager and the name and address of the Manager is:

GUSTAVO M. MOLINA
at 16850 COLLINS AVE STE 105, SUNNY ISLES BEACH, FL. 33160

17 SEP 19 AM 10:27
FILED
SEC. OF STATE
TALLAHASSEE, FLORIDA

H17000240460

H17000240460

ARTICLE VI.
ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

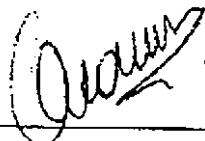
ARTICLE VII.
CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

STATE OF FLORIDA
CLERK OF THE COURT

17 SEP 19 AM 10:27

FILED



GUSTAVO M. MOLINA
MANAGER

H17000240460

H17000240460

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

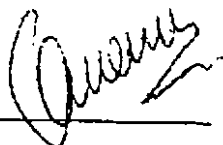
1. The name of the Limited Liability Company is:

HINDU PROPIEADADES II, L.L.C.
16850 COLLINS AVE STE 105,
SUNNY ISLES BEACH, FL. 33160

2. The name and address of the registered agent and office is:

GUSTAVO M. MOLINA
Name
16850 COLLINS AVE STE 105
(P.O. Box or Mail Drop NOT acceptable)
SUNNY ISLES BEACH, FL. 33160.
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.



SIGNATURE

GUSTAVO M. MOLINA

DATE 09/18/2017

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 SEP 19 AM 10:27

FILED

H17000240460