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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone : (305)485-9300

Fax Number : (305)485-1098

\*\*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. FOUNDATION OF HONCHI, LLC.

BUREAU OF COMPERCIAL INFORMATION SERVICES

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

#### FOUNDATION OF HONCHI, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

### FOUNDATION OF HONCHI, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

9772 NW 32 ST MIAMI, FL 33172

The mailing address shall be:

9772 NW 32 ST MIAMI, FL 33172

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

PABLO LEE 9772 NW 32 ST

Florida Street address ( P.O.BOX NOT acceptable)

MIAMI, FL 33172

City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

PABLO LEE 9772 NW 32 ST MIAMI, FL 33172 **MANAGER** 

TINA LI 9772 NW 32 ST MIAMI, FL 33172

MANAGER

(An additional erticle must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 605,0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**PABLO LEE** 

Typed or printed name of signee

CLARA GIRALDO P.A. 4080 SW B4 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300