

# LI8000131341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

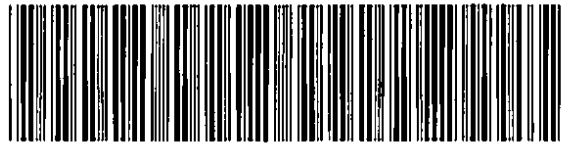
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M MOON

JAN 18 2018



700307437707

01/17/18--01031--014 \*\*155.00

RECEIVED  
2018 JAN 17 PM 3 48  
TAL BASSIE, FLORIDA  
SPECIAL SERVICES DIVISION

2018 JAN 17 PM 1:56  
TAL BASSIE, FLORIDA  
SPECIAL SERVICES DIVISION



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Hanger tips USA LLC  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

18 JAN 17 PM 1:56

Examiners Initials	
--------------------	--

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HANGERTIPS USA LLC

(Must contain 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:

10700 NW 66TH STREET

APT 403

MIAMI, FL 33178

10700 NW 66TH STREET

APT 403

MIAMI, FL 33178

**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:

PASCUAL SIMONELLI

Name

10700 NW 66TH STREET APT 403

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

MIAMI

FLORIDA

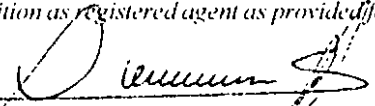
33178

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)

18 JAN 17 PM 1:58  
FILED  
CLERK OF COURT  
CLERK OF COURT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

PASCUAL SIMONELLI

10700 NW 66TH STREET APT 403

MIAMI, FL 33178

AMBR/MGR

EMANUELE MADDALONI

PANAMA CALIDONIA CALLE REP DE BELICE

PT BAYVIEW

AMBR/MGR

PASQUALE MADDALONI

URB LA SOLEDAD CALLE 9 RES. YALIMAR

PISO 4 APT 4D VENEZUELA EDO ARAGUA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.

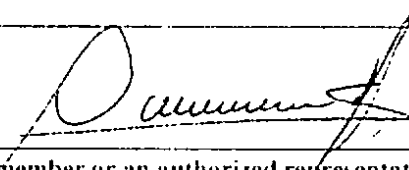
**ARTICLE VI:** Other provisions, if any:

PASCUAL SIMONELLI - 50%

EMANUELE MADDALONI - 25%

PASQUALE MADDALONI - 25%

**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.

PASCUAL SIMONELLI

Typed or printed name of signee

18 JAN 17 PM 1:56  
41127700