

**L18000197163**

Florida Department of State  
Division of Corporations  
Electronic Filings Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
HSLINKIP, LLC.**

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

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HSLINKIP, LLC.**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

12022 SW 77 Terrace  
Miami FL 33183

FILED  
18 AUG 16 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

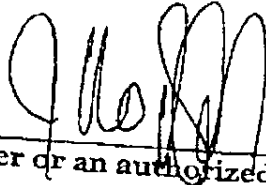
**ARTICLE III - Registered Agent, Registered Office:**The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*Jose Felix Rojas12022 SW 77 TERRACE  
MIAMI FL 33183**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Jose Felix Rojas, (AMBR)

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Required Signatures:

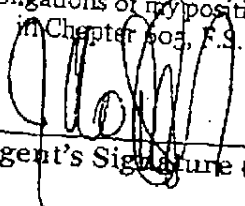
Signature of a member or an authorized representative of a member.

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. 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.

Jose Felix Rojas

Typed or printed name of signer

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 603, F.S.



Registered Agent's Signature (REQUIRED)

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