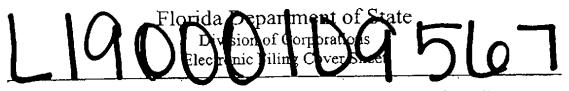
4/29/2019

Division of Corporations



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.

(((H190001411403)))



H190001411403ABCY

	To: Division of Corporations Fax Number : (850)617-6381	
	From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000145 Phone : (305)444-4994 Fax Number : (305)444-4977 .	FILED 19 APR 26 PM All All ASSECTION
	Enter the email address for this business entity to be used for for annual report mailings. Enter only one email address please. Email Address:	i tu ce.
		
	FLORIDA LIMITED LIABILITY CO.	_
	FLORIDA LIMITED LIABILITY CO. HLRT LLC	
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

HLRT LLC

ARTICLE 1

The name of the limited liability company is HLRT LLC



ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

c/o 255 Alhambra Circle Suite 500 Coral Gables, FL 33134

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.

255 Alhambra Circle Suite 500 Coral Gabies, FL 33134

Having been named as the 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.

Date: 4/26/19

Registered Agent's Signature

ARTICLE Y

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

Title:

Name and Address:

Manager

Hector L. Romero Tellechea c/o 255 Alhambra Circle

Suite 500

Coral Gables, FL 33134

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.

Authorized Signee:

HECTOR L. ROMERO TELLECHEA