

| (1 | 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



100335823611

10/22/19--01902--019 **125.00

ELLED 2019 OCT 22 AM 2: 56 SECULE HANNING FATE

COVER LETTER

| | gistration Section ision of Corporations |
|-----------------|---|
| SUBJECT: | HM BRICK PAVER LLC., |
| SUBJECT. | Name of Limited Liability Company |
| The enclosed | d Articles of Organization and fee(s) are submitted for filing. |
| Please return | all correspondence concerning this matter to the following: |
| | HANSEL TATIS POLANCO |
| - | Name of Person |
| | HM BRICK PAVER LLC., |
| _ | Firm/Company |
| (| 6652 BRICKELL CT |
| _ | Address |
| (| ORLANDO, FLORIDA 32809 |
| - M | City/State and Zip Code IESIENTONITIDO@GMAIL.COM |
| | E-mail address: (to be used for future annual report notification) |
| For further inf | ormation concerning this matter, please call: |
| ŀ | HANSEL TATIS POLANCO 321 5948566 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is a | check for the following amount: |
| \$125.00 Fili | ring Fee \$130.00 Filing Fee & Sertificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ··· |

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ΓICLE 1 - Name: | |
|--|--|
| name of the Limited Liability Company is: | |
| name of the commed company is. | |
| UM DDICK DAVED III C | |
| HM BRICK PAVER LLC | |
| (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") |
| FICLE II - Address: | |
| | the Limited Lighility Company is: |
| mailing address and street address of the principal office of | me Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| <u></u> | |
| 6652 BRICKELL CT | 6652 BRICKELL CT |
| ORLANDO, FL 32809 | ORLANDO, FL 32809 |
| | |
| ORLANDO, FL 32809 FICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered. | ORLANDO, FL 32809 stered Agent's Signature: |
| ility Company cannot serve as its own Registe entity with an active Florida registration.) | red Agent. You must designate an individual or |
| ici ousiness citary with all active i fortua registration.) | |
| name and the Florida street address of the registered agent a | ге: |
| HANSEL TATIS POLANCO |) |
| Name | |
| , , , , , , , | |

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..

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

FLORIDA

State

32809

Zip

ORLANDO

City

(CONTINUED)

istered Agent's Signature (REQUIRED)

Page 1 of 2

ECILEIA LUESTATE

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR = MANAGER | HANSEL TATIS POLANCO |
| MON BANKATORK | 6652 BRICKELL CT |
| | ORLANDO, FL 32809 |
| VICE-PRESIDENT | JUAN LUIS TATIS POLANCO |
| | 6652 BRICKELL CT |
| | ORLANDO, FL 32809 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the d | ate of filing: 10/16/2019 (OPTIONAL) |
| effective date is listed, the date must be | ate of filing: 10/16/2019 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a |
| ite of filing.) | |
| | ot meet the applicable statutory filing requirements, this date will not be liste |
| ocument's effective date on the Departme | ent of State's records. |
| CLE VI: Other provisions, if any. | |
| ERS, BRICKS FOR COMMERCIAL AN | ID RESIDENCIAL |
| | |
| | |

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.

HANSEL TATIS POLANCO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)