L200001779913

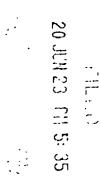
(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700346067757

06/23/20--01004--013 **125.00



「OKFEFE JUL 6 200

COVER LETTER

TO:	New Filing Sect Division of Corp					
SUBJI	HFI Foam, I	LLC				
		Nar	ne of Lin	nited Liabi	lity Company	
The en	closed Articles of (Organization and	fee(s) ar	e submitted	I for filing.	
Please	return all correspon	ndence concernin	ig this ma	atter to the	following:	
	Jeffrey R. Pitt	tard, Esq.				
			_	Name of	f Person	
	Scarinci Holle	enbeck LLC				
				Firm/Co	ompany	
	1100 Valley I	Brook Ave, PO B	ox 790			
				Addı	ress	
	Lyndhurst, N.	J 07016				
	1.7% 10.1.1		C	ity/State ar	nd Zip Code	
	jpittard@sh-lav E		be used	for future	annual report notificat	ion)
For furth	ner information con	cerning this matt	er, pleaso	e call:		
	Jeffrey Pittard		20 at ()1	896-7093	
	Name	of Person	A	rea Code	Daytime Telephon	e Number
Enclose	ed is a check for th	e following amou	int:			
≡ \$125	5.00 Filing Fee	□\$130.00 Filin Certificate of S		Certif	5.00 Filing Fee & ied Copy all copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address			Street Address	to duting.
		ing Section n of Corporations ex 6327	5		New Filing Section D The Centre of Tallah 2415 N, Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:			
HFI Foam, LLC (Must contain the	words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal o	ffice of the Lim	nited Liability Company is:	
<u>Principal Offi</u>	ce Address:		Mailing Address:	
3250 NE 1ST AVE. Unit 30 Miami Beach, FL 33137)2		c\o Home Fashions International 859 Victory Trail Gaffney, SC 29340	<u> </u>
another business entity with an active l	t serve as its own Florida registratio	Registered Age n.)	Agent's Signature: ent. You must designate an individual or	·
The name and the Florida street address	s of the registered	agent are:		
Zhe	nzhong Li	Name		
	0 NE 1st Ave. Ur rida street addres:		OT acceptable)	
Mia	mi_Beach	FL	33137	
14114	City	State	Zip	
lace designated in this certificate, I here orther agree to comply with the provision	by accept the appoints of all statutes reins of my position	ointment as regi	or the above stated limited liability compaistered agent and agree to act in this cape to performance of my dugent as provided for in Chapter 605, F.S	acity. I ities, and I

(CONTINUED)

) JUN 23 FIT 5: 35

ARTICLE IV-

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

11 4 5 6 75 75 71		Name and Address:
" $AMBR$ " = A	uthorized Member	
	nager	en 1 "."
<u>AMBR</u>		Zhenzhong Li 3250 NE 1st Ave. Unit 302
		Miami Beach. FL 33137
		
		
		20
		20 JUN 23
		<u> </u>
		<u> </u>
		<u></u>
of filing.) Tthe date insert		meet the applicable statutory filing requirements, this date will not of State's records.
LE VI: Other pi	rovisions, if any.	
DEGLUDED	SIGNATE INC.	7
REOUIRED	SIGNATURE:	-3
REOUIRED	Signature of a mi This document is execution aware that any fals	tember or an authorized representative of a member. The din accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.
REOUIRED	Signature of a fit This document is execu I am aware that any fals constitutes a third degree	sted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.
REOUIRED	Signature of a mi This document is execution aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
REOUIRED	Signature of a fit This document is execu I am aware that any fals constitutes a third degree	uted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)