

8/27/2020

Division of Corporations

L20000256346

Electronic Filing Cover Sheet

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.

(((H20000298560 3)))



H200002985603ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INVERSIONES H L LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2020 AUG 27 PM 3:39

CORPORATIONS
COMMERCIAL
SERVICESALL INFORMATION
IS UNCLASSIFIED

2020 AUG 27 PM 4:45

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES H L 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:563 W PALM AIRE DR
POMPANO BEACH FL 33069 USSAME AS PRINCIPAL OFFICE

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:

TRANSACTION ADVISORS AND CONSULTANTS LLC

Name

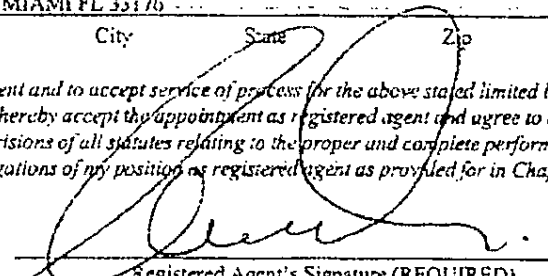
10261 SW 72 ST SUITE C-101Florida street address (P.O. Box **NOT** acceptable)MIAMI FL 33176

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)

FILED
2020 AUG 27 PM 4:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

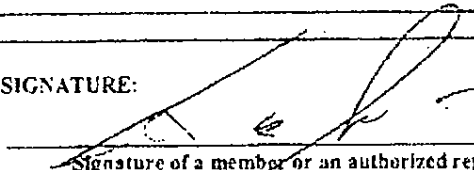
Name and Address:MGRFRANCISCO EDUARDO HERRERA
568 W PALM AIRE DR
POMPANO BEACH, FL 33069 USMGRROSSANA HERRERA LUYANDO
568 W PALM AIRE DR
POMPANO BEACH FL 33069MGRROSABEL HERRERA DE GUBAIRA
568 W PALM AIRE DR
POMPANO BEACH FL 33069ARESTEBAN EDUARDO HERRERA
568 W PALM AIRE DR
POMPANO BEACH FL 33069

(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.

_____**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.FRANCISCO EDUARDO HERRERA

Typed or printed name of signer

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)