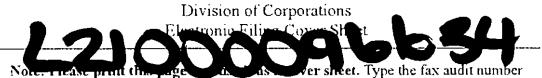
Division of Corporations

Florida Department of State



(shown below) on the top and bottom of all pages of the document.

(((H210000905543)))



H210000905543ABC-

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

To:

Fax Services

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

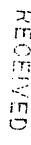
**Enter	the	email	address	for	this	busin	ess	entity	to	be u	ısed	for	future
an	เกษลใ	report	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**

Email Address:_

FLORIDA LIMITED LIABILITY CO. **HV&V AURORA LLC**

Certificate of Status	1
Certified Copy	U
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

TO:	New Filing Sec Division of Cor				
erron		RORA LLC			
SUBJ	ECT:		nited Liability Company		
The en	aclosed Articles of	Organization and fee(s) ar	e submitted for tiling.		
Please	return all correspo	indence concerning this ma	atter to the following:		
	DALBIS MA	TOS			
	 		Name of Person		
	ASLAN TA	X SERVICES INC			
			Firm/Company		
	762 SW 18 A	AVE			
			Address		
	MIAMI, FL	33135			
	DAI RIS@AS	C LANTAXSERVICE.COM	hty/State and Zip Code		
			for future annual report notifica	tion)	
For furtl	her information co	ncerning this matter, please	e call:		
	DALBIS MA	TOS 30	05 644-9144)		
	Nam		rea Code Daytime Telepho	ne Number	
Enclos	sed is a check for t	ne following amount:			
	5.00 Filing Fee	_	□\$155 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	ī)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314	Street Address New Filing Section I The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	rassee eet, Suite 310	2021 HER -

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HV&V AURORA	LLC	
		lity Company, "L.I.,C.," or "LLC.")
	t address of the principal office	of the Limited Liability Company is:
ne mailing address and street	address of the principal office	of the Limited Liability Company is: <u>Mailing Address:</u>

The name and the Florida street address of the registered agent are:

ASLAN AFFILIATI	ES LLC	
	Name	
762 SW 18 AVE		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
MIAMI	FL	33135
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 bereby 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.

Registred Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR -5 PH 3: 58

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	IOSE MADIA MUDZIADA AT METOA
AWIDR	JOSE MARIA VERGARA ALMEIDA 762 SW 18 AVE
	MIAMI, FL 33135
 -	
(Use attachment if necessary)	
EV: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 (
E.V: Effective date, if other than the date ctive date is listed, the date must be sof filing.)	specific and cannot be more than five business days prior to or 90 o
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AUGO BE TO THE STATE