Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Secretary of any Especial Secretary in the Second Secretary in the Second Secon

FLORIDA LIMITED LIABILITY CO. HYPER OPTIONS, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HYPER OPTIONS, 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:
8925 SW 172 ST #1131	8925 SW 172 ST #1131
MIAMI, FL 33196	MIAMI, FL 33196

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:

RICARDO ENRI	OUE MONTEAGUDO Name), JR.
8925 SW 172 ST	41131	
Florida street add	ress (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33196
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)

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Title:	Name and Address:
"AMBR" - Authorized Member "MGR" = Manager	
AMBR	BRONSON SCOTT STEFANO 8925 SW 172 ST #1:31 MIAMI, FL 33196
AMBR	RICARDO ENRIQUE MONTEAGUDO, JR. 8925 SW 172 ST #1131 MIAMI, FL 33196
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the c	date of filing: (OPTIONAL)
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does no the document's effective date on the Departm	of meet the applicable statutory filing requirements, this date will not be listed and of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is ext I am aware that any !	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

HRONSON SCOTT STEFANO

\$ 5.00 Certificate of Status (Optional)