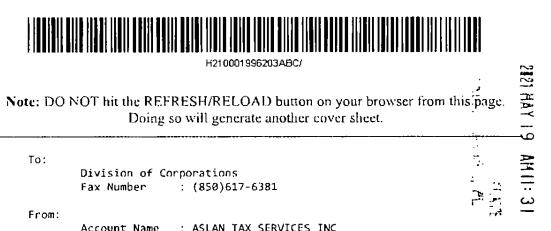
Fax Services

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.

(((H21000199620 3)))



Account Name : ASLAN TAX SERVICES INC

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

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. ECO HANGA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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			COVER	LETTER		
TO:	New Filing Sec Division of Cor					
SUBJE	ECO HAN	GA LLC				
SUBJE	.C1.	Nan	ne of Limited	Liability Company		-
The en	closed Articles of	Organization and	fee(s) are sut	omitted for filing.		
Please	return all correspo	ondence concernin	g this matter	to the following:		
	ELVIS DIA	Z				
		_	N	anie of Person		
	ASLAN TA	X SERVICES INC	;			
			F	irm/Company		
	1770 W F1.4	AGLER STREET S	SUITE 5			
				Address		
	MIAMI FL.	33135				
	ELVIS@ASL	ANTAXSERVIC	-	tate and Zip Code		
	1	E-mail address: (to	be used for	luture annual report noti	lication)	
For furth	er information co	ncerning this matte	r, please call	l:		
	ELVIS DIAZ	<u>′</u>	305 at (644 - 9144		
	Nan	e of Person		Tode Daytime Telep	ohone Number	-
Enclose	ed is a check for t	he following amou	n1:			E/1
□\$12:	5.00 Filing Fee	■\$130.00 Filin Certificate of S	atus	□\$155.00 Filing Fee & Certified Copy Idditional copy is enclose	Certificat d) Certified (O Filing Fee, 75 e of Status & A Copy Copy is enclosed?
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Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



The name of the Limited Liability Company is:

ECO HANGA 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:
1770 W FLAGLER STREET SUITE 5	1770 W FLAGLER STREET SUITE 5
MIAMI FL 33135	MIAMI FL 33135

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:

Santiago Pillado Mat	heu	
	Name	
16400 NW 15th Ave	Suite B	
Florida street address	s (P.O. Boy <u>NOT</u> ac	:ceptable)
Miami Gardens	FL	33169
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 agents as provided for in Chapter 605, F.S..

X Sulfacility

Registered Agent / Signature (REQUIRED)

(CONTINUED)

18:11 MA 61 AVI 1245

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

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

Title:	Name and Address:	
"AMBR" = Authorized M	lember	
"MGR" = Manager		
AMBR	LUIS MARIA FRAQUELLI	
	1770 W FLAGLER STREET SUITE 5	-
	MIAMI FL 33135	_
AMBR	JOSE LUIS SWINYARD	
AWIDK	1770 W FLAGLER STREET SUITE 5	-
	MIAMI FL 33135	_
		_
		_
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(Use attachment if necessa	arst)	
•	•	
ie date of filing.)	ate must be specific and cannot be more than five business days prior to or 90 lock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	-
RTICLE VI: Other provisions, if:	any.	
REQUIRED SIGNATUR	$x + \frac{1}{x}$	
Sign	nature of a member or an authorized representative of a member.	
This docu	iment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
I am awar	e that any talse information submitted in a document to the Department of State	P.2
constitute	s a third degree felony as provided for in s.817.155, F.S.	23
1.7	IS a third degree felony as provided for in s.817.155, F.S. US MARIA FRAQUELLI Typed or printed name of signee	<u>>-</u>
1.1	JIS MARIA FRAQUELLI Typed or printed name of signee	 < ,
	r ypen or printed name in signee	
	Filing Fees:	9
\$175 00 Filing For Can	Articles of Organization and Designation of Registered Agent	251 1