

6/11/21

Division of Corporations

L210002310893ABC 4476

Florida Department of State
Division of Corporations
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Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA
Account Number : 076424000767
Phone : (305)442-3334
Fax Number : (305)443-3292

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

Email Address: jcatalano@siegfriedrivera.com**FLORIDA LIMITED LIABILITY CO.****H et H Investments, LLC**

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JUN 11 2021



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COVER LETTER

TO: Registration Department
Division of Corporations

SUBJECT: H et H Investments, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M. Catalano, Esq.
Siegfried Rivera
201 Alhambra Circle, 11th Floor
Coral Gables, Florida 33134
JCatalano@siegfriedrivera.com

For further information concerning this matter, please call:

John M. Catalano, Esq. Telephone: 305-442-3334

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SULLIVAN COUNTY CLERK
TALLAHASSEE, FLORIDA

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ARTICLE I – NAME:

The name of the Limited Liability Company is: **H et H Investments, LLC**

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13294 S.W. 112TH TERR. APT. 1
Miami, Florida 33186

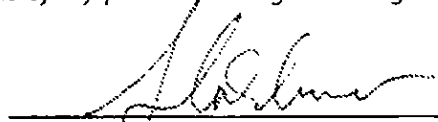
Mailing Address:

13294 S.W. 112TH TERR. APT. 1
Miami, Florida 33186

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.



John M. Catalano, Registered Agent
Florida Bar No.: 19088

ARTICLE IV – MANAGER/DIRECTORS**Title:**

Louis Phillipe Schirrar Pollas
MGR

Odrigue Michel
MGR

Name and Address

13294 S.W. 112th Terr. Apt. 1
Miami, Florida 33186

13294 S.W. 112th Terr. Apt. 1
Miami, Florida 33186

SECRETARY
TALLAHASSEE, FLORIDA


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REQUIRED SIGNATURE:


Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JOHN M. CATALANO

Type or printed name of signee

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