

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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FLORIDA LIMITED LIABILITY CO. HYBA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	HYBA, LLC		
(Must contain the words "Limi	ited Liability Compar	y, "L.L.C.," or "LLC.")	 -
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•	— TI II WIE ZAIM	ed Elability Company is:	
Principal Office Address:		Mailing Address:	
429 Lenox Avenue, Suite 442 Miami Beach, FL 33139	4		
		22 Lettox Avenue, Suite 442	
RTICLE III - Registered Agent, Registered Offi he Limited Liability Company cannot serve as its o	ice, & Registered Ag	29 Lenox Avenue, Suite 442 liami Beach, FL 33139 ent's Signature:	
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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 695, F.S.

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

Executed in this block does not meet the applicable statutory filing requirements, this date will not be list incoment's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of 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. LOTRE Ramirez Typed or printed name of signee	"AMBR" = Authorized Member "MGR" = Manager	authorized to manage and control the Limited Liability Company: Name and Address:
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