

**L 22066189861**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TAXAPRO CONSULTING INC  
Account Number : I20220000074  
Phone : (786)505-0017  
Fax Number : (305)357-1892

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

Email Address: CORP@TAXAPRO.COM

22 MAY -9 AM 9: 27

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.  
HH GLOBAL HOMES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

S. CHATHAM  
MAY 10 2022

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## COVER LETTER

TO: <sup>2</sup> New Filing Section  
Division of Corporations

SUBJECT: HH GLOBAL HOMES 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:

FABIAN SOTO

Name of Person

TAXAPRO CONSULTING INC

Firm/Company

1001 BRICKELL BAY DR STE 2700

Address

MIAMI FL 33131

City/State and Zip Code

CORP@TAXAPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIAN SOTO

786

505 - 0017

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECTION OF  
DIVISION OF  
CORPORATIONS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HH GLOBAL HOMES 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:4721 NW 7th STCL Moixeta, 37#105-12apartado 1056Miami, FL 33126CP 03730 Javea, Spain

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

TAXAPRO CONSULTING INC

Name


1001 BRICKELL BAY DR STE 2700Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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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 DIVISION OF  
 SECRETARY OF  
 STATE

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

TOTAL GLOBAL HOMES LLC

2123 Pioneer Ave

Cheyenne, WY 82001

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

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**REQUIRED SIGNATURE:**

Signature of a 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.

Fabian Soto, Incorporator

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

\$ 5.00 Certificate of Status (Optional)

22 MAY -9 AM 9:27

Chief of Air  
Staff  
Division of  
Air

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