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Koutoulas & Relis, LLC 954-332-1346
Division of Corporations

C22000174696437
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : KOUTOULAS & RELIS, LLC
Account Number : I20070000005
Phone : (954)332-1345
Fax Number : (954)332-1346

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

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FLORIDA LIMITED LIABILITY CO.

Hnterprises LLC

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**ARTICLES OF ORGANIZATION
OF
HNTERPRISES LLC**

The undersigned, acting as organizer of Hnterprises LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

ARTICLE I.

The name of the limited liability company shall be:

Hnterprises LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

650 NE 2nd Avenue
Miami, FL 33132

ARTICLE III.

The name and the Florida street address of the registered agent are:

Koutoulas & Relis LLC
1776 N Pine Island Road Ste 316
Plantation, FL 33322

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 605, F.S.


Steven L Relis of Koutoulas & Relis LLC-Registered Agent

Prepared by:
Koutoulas & Relis, LLC
1776 N Pine Island Road. Suite 316
Plantation, FL 33322
Phone: (954) 332-1345
Fax: (954) 332-1346

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Fax Audit #: H22000174696 3**ARTICLE IV.**

This limited liability company is to be managed by one member. The name and address of the Authorized Member is as follows:

Herb Nieporent- Authorized Member
650 NE 2nd Avenue
Miami, FL 33132

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or 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.


Herb Nieporent- Authorized Member

*Signature of Member or authorized representative of a member

CLERK OF STATE
TALLAHASSEE, FLORIDA

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FILED

Prepared by:
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