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	(Requestor's Name)	
	(Address)	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	(Business Entity Name)	.
	(Document Number)	
Certified Copies	Certificates of	Status
,	_	
Special Instructions to	o Filing Officer:	
L		

Office Use Only



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MAHTAHD. 2

COVER LETTER

	 Filing Section ision of Corporations 		٠
SUBJECT:	HT BUSI	MESS LLC	' .
		Limited Liability Company	
The complex such	l Amelia Louis (Communicate) on the Louis (Com	and the Act of	
The enclosed	l Articles of Organization and fee(s)	are submitted for fitting.	
Please return	all correspondence concerning this	matter to the following:	
	VEREINCH X	2127Z	
_		Name of Person	
	1		•
_	1700 A56	: >0126>	
		Firm'Company	
	10 80 -	03.11	<i>.</i> *
-	18 DE TULLO	1744 102	
		Address	
	MUMTEVINGO	URUGUNT - City/State and Zip Code	11200
-		City/State and Zip Code	
_	JURIDICA (E	Righton Con UT	
	E-mail address: (to be us	ed for future annual report notification)	
For further inf	ormation concerning this matter, plea	ase call:	
	at ()	
_	Name of Person	Area Code Daytime Telephone Number	 •
			9
Enclosed is a	check for the following amount:		
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, rate of Status & d Copy d copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/05/2022	<u>2</u>			**WALK IN**
ENTITY NAME HP	BUSINESS, LLC			
DOCUMENT NUME	BER			
	PLEASE F	THE ATTACHE	ED AND RETURN	
	Plain Copy			
	Certified Copy			
	Certificate of St	tatus		
XXXXX	CERTIFIED C	OPY AND CE	RTIFICATE OF STAT	TUS
	**PLEASE OBTAIN	THE FOLLOWING P	FOR THE ABOVE ENTITY*	· *
	Certified Copy of	f Arts & Amendments		
	Certified Copy of	f Arts & Amendments	Complete File (Including Annu	ual Reports)
	Certificate of St	tatus		
	Certificate of St	tatus Reflecting;		
	APOSTILL	LE' / NOTARIAL	CERTIFICATION	
COUNTRY OF DESTI NUMBER OF CERTIF	NATION FICATES REQUESTED_			
TOTAL OWED \$_16	60.00	AC	COUNT # 120160000072	an: DW
Please call Tina a	at the above number	for any issues i	or concerns. Thank go	oa so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HP BUSINESS LLC (Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
CLE II - Address:	
willing address and street address of the principal office of	the Limited Liability Company is:
Deirainal (ASS on Address	Santitus Address.
Principal Office Address:	Mailing Address:
1395 BENCKELL 1506	Ayda, 18 de Julio 1744
SUITE ENO	102 - Montevideo - Uruguay
TILATEL 35134	
1395 BRUKELL INVE	

United Corporate Services, Inc.

Name

3458 Lakeshore Drive

Florida street address (P.O. Box NOT acceptable)

Tallabases.

El. 32312

TallahaseeFL32312CityStateZip

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..

ames Nash Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	JENIFER HARTH Avda, 18 de Julio 1744 102 – Montevideo – Uruguay	,
MGR	DIOVANA HARTH Avda, 18 de Julio 1744 102 - Montevideo - Uruguay	
MGR	VERONICA ORTIZ Avda. 18 de Julio 1744 102 – Montevideo – Uruguay	
AMBR	HP FOMENTO MERCANTIL LTDA (BRASIL) Avda. 18 de Julio 1744 102 - Montevideo - Uruguay	CONGLATION 5 PH RO 3d
(if an effective date is listed, the date must be spectified the date of filing.)	of filing:	•
ARTICLE VI: Other provisions, if any.	•	
REQUIRED SIGNATURES	nber or an authorized representative of a member.	
This document is executed a lam aware that any false	d'in accordance with section 605.0203 (1) (b), Florida Statu information submitted in a document to the Department of S felony as provided for in s.817.155, F.S.	
Veronica Ortiz Ca	brera 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)