

**L23000156875**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : RODRIGUEZ R. & CO. LLC  
Account Number : 120180000052  
Phone : (305)496-8283  
Fax Number : (786)496-9445

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

Email Address: RAUL@RODRIGUEZR.COM

**FLORIDA LIMITED LIABILITY CO.  
INVESTMENTS IIIIFC LLC**

|                       |          |
|-----------------------|----------|
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APR 5 2023  
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TALLAHASSEE, FLORIDA

2023 APR 5 1:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVESTMENTS HHFC 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:

1421 SAINT GABRIELLE LANE

SAME

APT. 4102

WESTON, FL 33326

ARTICLE III - Registered Agent, Registered Office, & 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:

HERIBERTO HERNANDEZ

Name

1421 SAINT GABRIELLE LANE APT 4102

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

WESTON

FL

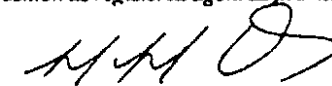
33326

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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**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

MGR

HERIBERTO HERNANDEZ  
1421 SAINT GABRIELLE LANE APT 4102  
WESTON FL 33326

MGR

FRANCESCO CICHETTI COINU  
4131 LAGUNA ST SPT 813  
CORAL GABLES FL 33146

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

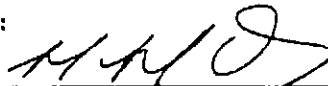
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

HERIBERTO HERNANDEZ

Typed or printed name of signer

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