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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 702583 7642757 AUTHORIZATION : COST LIMIT : ORDER DATE: April 25, 2023 ORDER TIME : 9:08 AM ORDER NO. : 702583-005 CUSTOMER NO: 7642757 DOMESTIC FILING NAME: HC MARKETING GROUP LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION __ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT. EXAMINER'S INITIALS: ___

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		ting Group LLC.			
SUBJEC	1	Name of Lir	nited Liabil	ity Company	
The enclo	sed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please reti	urn all corresp	ondence concerning this ma	atter to the	following:	
	George Vin	ihakis			
	-		Name of	Person	_
	Cardenas M	arketing Network, Inc.			
			Firm/Co	mpany	
	1459 West I	Iubbard Street			
			Addr	ess	
	Chicago, Ill	inois 60622			
	GVinihakis@	Comnevents.com	ity/State an	d Zip Code	
		E-mail address: (to be used	for future a	nnual report notificat	ion)
For further:	information co	ncerning this matter, please	e call:		
	Sam Rubio		12	669-08762	
	Nan		rea Code	Daytime Telephor	ne Number
Enclosed i	is a check for t	he following amount:			
≣\$125.00	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	<u>Mailir</u>	g Address		Street Address	0000

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

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

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

HC Marketing G				
(Must o	onatin the words "Limited L	liability Company.	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	fice of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
1643 Brickell Av	enue	1459	1459 W. Hubbard Avenue	
			Chicago, IL 60642	
Apt. 3505		Chic	ago, IL 60642	
Apt. 3505 Miami, FL 33129 ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, & any cannot serve as its own	& Registered Ager Registered Agent.		
Apt. 3505 Miami, FL 33129 ARTICLE III - Registered	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent. Registered Agent. n.) agent are:	it's Signature:	
Apt. 3505 Miami, FL 33129 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration	& Registered Agent. Registered Agent. 1.) agent are: Company	it's Signature:	
Apt. 3505 Miami, FL 33129 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent. Registered Agent. n.) agent are:	it's Signature:	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent. Registered Agent. 1.) agent are: Company	it's Signature:	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered Corporation Service C	& Registered Agent. Registered Agent. agent are: Company Name	it's Signature: You must designate an individual c	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered Corporation Service C	& Registered Agent. Registered Agent. agent are: Company Name	it's Signature: You must designate an individual c	

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.,

Corporation Service Company

Eyluna Ollul

By Assistant Vice Provident

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Henry Cardenas
AMDR	1643 Brickell Ave., Apt. 3505
	Miami, FL 33129
	Milita L D D J L Z
AMBR	Alex Cardenas
	1459 W. Hubbard St.
	Chicago, IL 60642
	<u> </u>
	
If an effective date is listed, the date must b	date of filing:
he date of filing.) Note: If the date inserted in this block does to the document's effective date on the Departn	not meet the applicable statutory filing requirements, this date will not be listed a
are document 3 effective date on the Departit	tent of state 3 records.
ARTICLE VI: Other provisions, if any.	
, and the second of the second	
	
REQUIRED SIGNATURE:	
	// / / / / / / / / / / / / / / / / / /
This document is ex I am aware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Henry Carde	nas
	Typed or printed name of signee
	Filing Page

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)