From: Yanet Avila

8/15 Department of State orida Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002159013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division	of	Corporations
Fax Numbe	er	: (850)617-6381

Email Address:

From:

To:

To:

Account Name	2 :	EXPRESS CORPORATE	FILING	SERVICE	INC.
Account Numb	per :	120000000146			
Phone	:	(305)444-4994			
Fax Number	:	(305)328-4774			

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

 OID A LIMITED LIABILITY CO.

 INFUSION

 FLORIDA LIMITED LIABILITY CO.

 IIERRERA UNIVERSE, LLC

 Certificate of Status

 OID A STINP Exponentiation

 Page Count

 Bage Count

 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

HERRERA UNIVERSE, 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:
36 NW 6TH AVE	36 NW 6TH AVE
#1104	# 1104
MIAMI, FL 33128	MIAMI, FL 33128

ARTICLE III - Registered Agent, Régistered 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:

TAMY HERRERA I	LOPEZ	
	Naine	
36 NW 6TH AVE #	1104	
Florida street addres	s (P.O. Box <u>NOT</u> as	cceptable)
MIAMI	FL	33128
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)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	TAMY HERRERA LOPEZ 36 NW 6TH AVE # 1104 MIAMI, FL 33128
(Lice attachment if necessary)	

(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,

REOUIRED SIGNATURE: X

> 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.

TAMY HERRERA LOPEZ

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Artleles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)