

L23000523126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

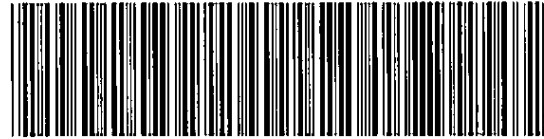
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32304
2023 NOV 27 PM 6:54

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HUB SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS ENRIQUE FERNANDEZ BERTEL

Name of Person

HUB SOLUTIONS, LLC

Firm/Company

26 SE 3RD. AVE.

Address

HALLENDADEL, FL 33009

City/State and Zip Code

TRUSTEEINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINS. DR. LRONA R. SHUFOR 786 344-3705
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HUB SOLUTIONS, 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:

26 SE 3RD. AVE.

STE. A

HALLANDALE, FL 33009

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:

TRUSTEE INC

Name

7900 NW 27TH AVE. STE. A04A

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

MIAMI

FL

33147

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)

2023 JUN 14 11:06 AM

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

JESUS ENRIQUE FERNANDEZ BERTEL
26 SE 3RD. AVE.
HALLANDALE, FL 33009

AMBR

CARLOS J HERNANDEZ ESCALANTE
26 SE 3RD. AVE. STE. A
HALLANDALE, FL 33009

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/26/2023. (OPTIONAL)

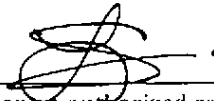
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

CULINARY INDUSTRY HAUT BUSINESS CONSULTING, OPERATIONAL AND ADMINISTRATION.
MANAGEMENT, PURCUMENT FULLFILMENT, GLOBAL COMODITY ACOUSITON, FOR HIGH END FOODS
CATERING COORDINATION SERVICES, AND ANY OTHER BUSINESS OPPORTUNITIES AS DEEM BY LAW.

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.

MINS. DR. LORNA R. SHUFORD IF TRUSTEE INC

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)

2023 11 27 PM 6:54