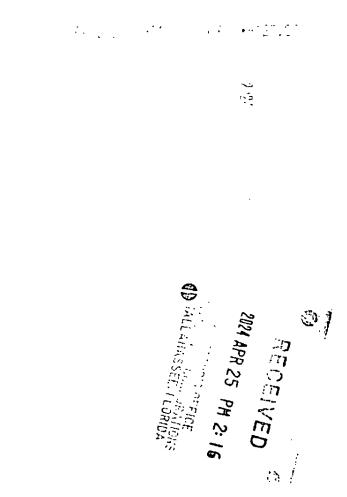
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	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
<u> </u>	(Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only



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# CORPORATE ACCESS,

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WAIK IN

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1.		HUM197, LLC (CORPORATE NAME AND DOCUME	71: 4V			 	
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### COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJE	HUMI97, I	LLC.				
0000	···	Nam	e of Lir	mited Liabili	ty Company	
The enc	losed Articles of	Organization and f	ee(s) ar	e submitted	for filing.	
Please r	eturn all correspo	ondence concerning	this m	atter to the f	ollowing:	
	Jose L. Espi	nosa				
				Name of	Person	
	Jose L. Espir	nosa, P.A.				
				Firm/Co	npany	
	9155 S. Dad	eland Blvd, #1506				
			-	Addre	ess .	
	Miami, Fl 31	3156				
	Jose@Pespine	osalaw com	(	City/State and	i Zip Code	
			be us <del>e</del> d	for future a	nnual report notificati	on)
For furthe	er information co	ncerning this matte	r, pleas	e call:		
	Jose L. Espir	iosa	3( at (	05	448-5252	
	Nam	ne of Person	_ `		Daytime Telephon	e Number
Enclose	d is a check for t	he following amout	ıt:			
₩\$125	.00 Filing Fee	□\$130.00 Filing Certificate of Sta		Certifi	i.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address New Filing Section Di	vision
	Divisi	on of Corporations Box 6327			The Centre of Tallaha 2415 N. Monroe Stree	

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HUM197, LLC.  (Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
LE II - Address: ling address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
448 Marlborough Road	448 Marlborough Road
Cedarhurst, NY 11516	Cedarhurst, NY 11516
	_

Jose L. Espinosa, Esq.

Name

9155 S. Dadeland Blvd, #1506

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

 Miami
 FL
 33156

 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	Adam J. Sabo 448 Marlborough Road Cedarhurst, NY 11516
MGR	Lisa Sabo 448 Marlborough Road Cedarhurst, NY 11516
(Use attachment if necessary)	
ctive date is listed, the date must f filling.) the date inserted in this block do	the date of filing:
EV: Effective date, if other than ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart	es not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department's effetive date on the Department's effective date on the Department's	es not meet the applicable statutory filing requirements, this date will not be artiment of State's records.  of a member or an authorized representative of a member. If executed in accordance with section 605.0203 (1) (b), Florida Statutes. In the provided for in s.817.155, F.S.