Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Fax Number : (850)617-6381

**Enter Number : LAZARUS CORPORATE FILING SERVICE, INC.

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Email Address:

FLORIDA LIMITED LIABILITY CO. HEXCORE SUPPLY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ALLAHASSEE.FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Must and with the use of Comment and the Company that the restrict the Company is a superior of the Company that the Company is a superior t

HEXCORE SUPPLY LLC

2025 JUN 30 PM 4: 30

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8348 NW 68th ST, MIAMI, FL 33.166

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Lin ited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

ANGELA MILAGROS, MUNARES RAMIREZ 8348 NW 68th St, MIAMI, FL 33166

ARTICLE IV-

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

AMBR ANGELA MILAGROS, MUNARES
RAMIREZ

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true. 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.

ANGELA MICAGROS, MUNARES PAMIREZ

Typed or printed name of signee

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)

SECRETARY OF STATE