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SECRETARY OF STATE

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MA. Thomas APR 2 1 2008

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: HUMAN CAPITAL INTERNATIONAL, LLC,
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

EDUARDO J. ALARCON	
(Name of Person)	DO A
HUMAN CAPITAL INTERNATIONAL, LO	PR 10
(Firm/Company)	解安里
2520 SW 22 MST. STE 2-144	STATE STATE 1: 1.9
(Address)	7
MIAMI, FL 33145	
(City/State and Zip Code)	_

(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
·	Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. <u>H</u>	UMAN CAPITAL INTERNATIONAL, LLC.
1)	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent of Company	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability y," "L.L.C.," "LLC.")
2. S77 (Juriso compa	ATE OF NEVADA Siction under the law of which foreign limited liability 3. 26-/683795 (FEI number, if applicable)
4. <u>/</u>	(Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2520 SW 27M ST ST 2-144
7	2520 SW 22M ST STF 2-144 麗百百
	MIANI FC 33145 (Street Address of Principal Office)
8. If lir	mited liability company is a manager-managed company, check here
9. The	name and usual business addresses of the managing members or managers are as follows: EDVANDOJALANDN_ 25W SW 22MDST N.A.1, FL 33145
_	EDVANDOJALANCON. 25LD SW 22MDST N.AMI, FL 33185 RAFAR NINANDA - 851 N. GLEDE NA # 1620 ARLINGTON, VA 22203
the jurisd	thed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in iction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, an of the certificate under oath of the translator must be submitted.)
11. Na	ture of business or purposes to be conducted or promoted in Florida:
	CANSUITAK

Typed or printed name of signee

EDJARDO J. ALARCON

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
HUMAN CAPITAL INTERNATIONAL, LLC.	_	
If name unavailable, the alternate name to be used in the state of Florida is:		
HCI, LLC		
2. The name and the Florida street address of the registered agent and office are:	08 APR 18	^~ -Th :2:
EDUARDO J. ALARCON (Name)	3	营
Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE	
MIAMI FL 331YT 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 608, Florida Statutes.

Solwards Stewn (Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HUMAN CAPITAL INTERNATIONAL**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 16, 2007, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 12, 2008.

ROSS MILLER Secretary of State

Ву

Certification Clerk