

L23 000122534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

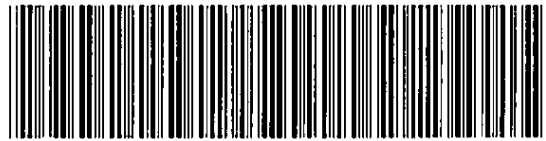
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700404175557

S. CHATHAM  
MAR 11 2023

RECEIVED

2023 MAR 16 PM 3:39

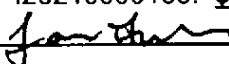
FILED

2023 MAR 16 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \$ 125.00

Authorization Signature: 

~~HAUKANG LLC~~  
HUKANG LLC

BUSINESS NAME DOCUMENT #

     Certified Copy of Articles of Organization

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
  X   Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMMENDMENTS**

     Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution  
     Merger  
     Conversion  
     Amended and restated Articles  
     Statement of Authority

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE  
     Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** HUAKANG 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:

YE ZHANG

Name of Person

Firm/Company

12905 SW 42ND ST STE 222

Address

MIAMI, FL 33175

City/State and Zip Code

CONFIRMATION@IVY-CPA.COM

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

For further information concerning this matter, please call:

YE ZHANG at (786) 227-6928  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

HUAKANG 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:

7800 NW 25th St Ste 18  
Doral, FL 33122

7800 NW 25th St Ste 18  
Doral, FL 33122

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:

Jie Chen

Name

7800 NW 25th St Ste 18

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

Doral

FL


33122

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)

FILED  
2023 MAR 16 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JIE CHEN  
7800 NW 25th St Ste 18  
Doral, FL 33122

2023 MAR 16 PM 3:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FL

(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.

**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.

JIE CHEN

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**