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FLORIDA LIMITED LIABILITY CO.
SANTORINI 8765, LLC

Certificate of Status	1
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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

Santorini 8765, 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:

11251 NW 20th Street Suite 119
Miami, FL 33172

11251 NW 20th Street Suite 119
Miami, FL 33172

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

Rosario Lefante
11251 NW 20th Street, Suite 119
Miami, FL 33172

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.

DocuSigned by:
Rosario Lefante
6PFC15090707404...
Registered Agent's Signature

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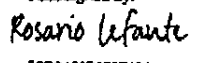
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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	ROSARIO LEFANTE
MGR	ANNA MARIA PASQUALE

REQUIRED SIGNATURE:

DocuSigned by:

SEP-15-2023 10:44

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 perjury that the facts stated herein are true.)

Rosario Lefante

Typed or printed name of signee

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