

7/17/2020

Division of Corporations

# Florida Department of State

# L200002312833

Division of Corporations  
Electronic Filing Cover Sheet

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To:  
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## FLORIDA LIMITED LIABILITY CO. SISTERS INVESTMENT PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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July 21, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: SISTERS INVESTMENTS PROPERTIES, LLC  
REF: W20000076502

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Tim Burch  
Senior Section Administrator

FAX Aud. #: H20000291283  
Letter Number: 720A00013704

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STATE  
TALLAHASSEE, FL

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

**ARTICLE I Name**

The name of the Limited Liability Company is:

**SISTERS INVESTMENT PROPERTIES, 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:**

**7397 SW 8 St.  
Miami, FL 33144**

**7397 SW 8 St.  
Miami, FL 33144**

**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:

**Celia Lopez Hornia  
7397 SW 8 St  
Miami, FL 33144**

*Having been named as registered agent 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)  
Page 1 of 2

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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:

**Title:**

"MGRM" = Managing Member

"MGR" = Member

"AMBR" = Authorized Member

**Celia Lopez Hornia - MGR  
15621 SW 54 Terr.  
Miami, FL 33185**

**Sabrina Lopez - MGR  
1067 SW 134 Ct.  
Miami, FL 33184**

**ARTICLE VI: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

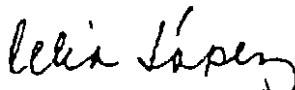
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)



\_\_\_\_\_  
Typed or printed name of signer

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