L21000464098

(Requestor's Name)
(Address)
(Address)
(Marcos),
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only



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2021 OCT 26 PM 3: 49

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 169436 8322602
AUTHORIZATION:
COST LIMIT : (\$,\\0.00
ORDER DATE: October 26, 2021
ORDER TIME : 1:51 PM
ORDER NO. : 169436-005
CUSTOMER NO: 8322602
DOMESTIC FILING
NAME: AHS INVESTMENTS MEMEBER, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
VV CDATTER CORE
XX CERTIFIED COPY
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Division of	Section Corporations		
A # 1 THE A HAVE A COURT	ivestments Member, LLC		
SUBJECT:	Name of Lir	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
Carlos E.	Gonzalez		
		Name of Person	
AHS Res	sidential, LLC		
***************************************		Firm/Company	
12895 SV	V 132nd Street		
		Address	
Miami, F.	L 33186		
		ity/State and Zip Code	
cmerino@:	ahsresidential.com	for future annual report notificat	ion)
Car further information		•	ionj
For further information	concerning this matter, please		
	Gonzalez 30	255-5527	
N	ame of Person A	rea Code Daytime Telephon	e Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	_	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	≘S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	iling Address	Street Address	
	v Filing Section ision of Corporations	New Filing Section Di The Centre of Tallahi	
P.O	Box 6327	2415 N. Monroe Stre	et, Suite 810
Tall	ahassee, FL 32314	Tallahassee, FL 3230	3

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 OCT 26 AM 8: 38

SECRETARY OF STATE

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

AHS Investments I (Must co	natin the words "Limited Li	ability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street	address of the principal off	ice of the Limites	41 jahilitu Communica
	pal Office Address:	ice of the Change	Mailing Address:
12895 SW 132nd S		129	
Miami, FL 33186		12895 SW 132nd St Miami, FL 33186	
he Limited Liability Compan other business entity with an	y cannot serve as its own R active Florida registration.	egistered Agent.")	nt's Signature: You must designate an individual or
RTICLE III - Registered Ap the Limited Liability Compan other business entity with an the name and the Florida street	y cannot serve as its own R active Florida registration. address of the registered as	egistered Agent.) gent are:	nt's Signature: You must designate an individual or
he Limited Liability Compan other business entity with an	y cannot serve as its own R active Florida registration.	egistered Agent.) gent are:	nt's Signature: You must designate an individual or
he Limited Liability Compan other business entity with an	y cannot serve as its own R. active Florida registration. address of the registered at Corporation Service Co	egistered Agent.) gent are:	nt's Signature: You must designate an individual or
he Limited Liability Compan other business entity with an	y cannot serve as its own R. active Florida registration. address of the registered at Corporation Service Co	egistered Agent.) gent are:	nt's Signature: You must designate an individual or
he Limited Liability Compan other business entity with an	y cannot serve as its own R active Florida registration. address of the registered at Corporation Service Co	egistered Agent.) gent are: nn; any Name	You must designate an individual or
he Limited Liability Compan other business entity with an	y cannot serve as its own R active Florida registration. address of the registered at Corporation Service Co	egistered Agent.) gent are: nn; any Name	You must designate an individual or

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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A 1	QΤ	rci	F.	IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member	a	
"MGR" = Manager		
MGR	Ernesto Lopes	
	12895 SW 132nd St	
	Miami, FL 33186	
<u>AR</u>	Carlos E. Gonzalez	
	12895 SW 132nd St	
	Miami, FL 33186	
17	0-11-116-1-15	
AR	Osvaldo J. Marchante	[1]
	12895 SW 132nd St Miami, FL 33186	 †:::
	Main, 12 33160	
A.D.	Discute Discu	list.
AR	Ricardo Blass	 ::::
	12895 SW 132nd St Miami, FL 33186	:*\ _U ;
	MILLII, 12 33100	 프랑
(Use attachment if necessary)		1.1
of filing.) If the date inserted in this block of ument's effective date on the De-	loes not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as
LE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·	
		
	/// /	 -
REQUIRED SIGNATURE:		
	Afjan	
Signatur	e of a member or an authorized representative of a membe	
This document	is executed in accordance with section 605.0203 (1) (b), Flor	ida Statutes
	any false information submitted in a document to the Departr	
constitutes a thi	ird degree felony as provided for in s.817.155, F.S.	and of Guite
Carlos F	E. Gonzalez	
<u>Cal 103 1</u>	Typed or printed name of signee	
	t Aben of himten truthe of signee	
\$125 00 Kiling Hee for Awtic	Filing Fees: les of Organization and Designation of Registered Agent	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)