

7/17/2020

Division of Corporations

## Florida Department of State

**L 20000231283**  
 Division of Corporations  
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To:

Division of Corporations  
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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 refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Senior Section Administrator

FAX Aud. #: H20000291283  
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STATE  
TALLAHASSEE, FL

P.O. BOX 6327 - Tallahassee, Florida 32314

## 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:

7397 SW 8 St.  
Miami, FL 33144

#### Mailing Address:

7397 SW 8 St.  
Miami, FL 33144

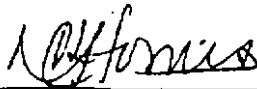
### ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

(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 Hornoia  
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)  
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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)

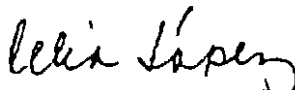
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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