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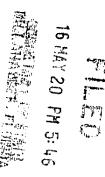
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Hamilton Hills, LLC	
Sobole 1.		Limited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please return	n all correspondence concerning this	matter to the following:
	Josh Mandel	
•		Name of Person
	Hamilton Hills, LLC	
•		Firm/Company
	7425 NW 79 Street	
-		Address
	Miami, FL 33166	
iı	ris@majesticmirror.com	City/State and Zip Code
_	E-mail address: (to be us	ed for future annual report notification)
For further in	formation concerning this matter, plea	ase call:
J	losh Mandel at (305 827-2661
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$12 5.00 Fili	ing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name: The name of the Limited Liability Company is:	
Hamilton Hills, LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Addres	ss: Mailing Address:
7425 N.W. 79 Street	7425 N.W. 79 Street
Miami, FL 33166	Miami, FL 33166
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must designate an individual or istration.)
Josh Mandel	Name
7425 N.W. 79	
Florida street	address (P.O. Box NOT acceptable)

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.

Miami

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida

State

33166

Zip

Page 1 of 2

6 HAY 20 PM 5: 2:

Section 1

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Josh Mandel
	7425 NW 79 Street
	Miami, FL 33166
<u>A</u> MBR	Alan Mandel
·· 	7425 NW 79 Street
	Miami, FL 33166
ABMR	Adam Jaffe
-	7425 NW 79 Street
	Miami, FL 33166
AMBR	Alyssa D'Amico
	7425 NW 79 Street
	Miami, FL 33166
effective date is listed, the date must be spite of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	necific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
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CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be lit of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is execula am aware that any fals	necific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is execula am aware that any fals	meet the applicable statutory filing requirements, this date will not be list of State's records. ember of an authorized representative of a member. anted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)