

L17000133733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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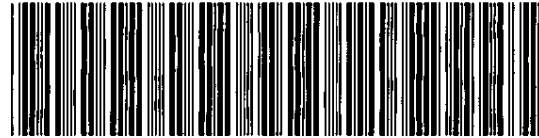
(Business Entity Name)

(Document Number)

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17 JUN 22 AM 9:42

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17 JUN 22 5:10:40

M. MOON

JUN 22 2017

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MIAMI HEIGHTS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAYTON TOUCHTON

Name of Person

SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.

Firm/Company

3520 THOMASVILLE RD, 4TH FLOOR

Address

TALLAHASSEE / FLORIDA 32309

City/State and Zip Code

hboulos@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAYTON TOUCHTON 850 893-4105  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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

17 JUN 22 11:10:41

RECEIVED  
DIVISION OF CORPORATIONS  
JUN 17 2022

Return to  
CLAYTON

# ARTICLES OF ORGANIZATION OF MIAMI HEIGHTS, LLC

17 JUN 22 11:10:41  
SECT. 605.01  
ART. 1

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **MIAMI HEIGHTS, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is 118 North Monroe Street, Tallahassee, Florida 32301. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 118 North Monroe Street, Tallahassee, Florida 32301. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

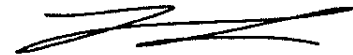
The initial registered agent in Florida for the Company is: **HADI BOULOS**; the initial, registered office is located at 118 North Monroe Street, Tallahassee, Florida 32301.

7. **MANAGEMENT.**

The name and address of the manager of the Limited Liability Company is:

Hadi Boulos  
118 North Monroe Street  
Tallahassee, Florida 32301

**EXECUTED** at Tallahassee, Leon County, Florida this 21<sup>st</sup> day of June, 2017.

  
\_\_\_\_\_  
**HADI BOULOS**

17 JUN 22 AM 10:41  
STATE OF FLORIDA  
CLERK OF THE COURT

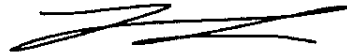
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **MIAMI HEIGHTS, LLC.**
2. The name of the registered agent and office is: **HADI BOULOS, 118 North Monroe Street, Tallahassee, Florida 32301.**

<b>ACKNOWLEDGEMENT</b>
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Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



**HADI BOULOS, Registered Agent**

17 JUN 22 16:10:41  
STATE OF FLORIDA  
CLERK OF THE COURT