

DEC/07 2018/FRI

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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
GREAT HOUZE HUNTER LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

T. CLINE

DEC 10 2018

EXAMINER

2018 DEC -7 PM 12:19

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, ASTRID NUNEZ who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the Member of GREAT HOUZE HUNTER, LLC a Florida Limited Liability Company, filed with the Florida Department of State on DECEMBER 5, 2018.
2. The undersigned hereby consents to and authorizes the use of the name GREAT HOUZE HUNTER LLC to ASTRID NUNEZ for the purpose of organized a new entity.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of revoking the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

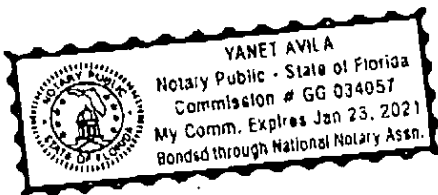
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)


ASTRID NUNEZ

PERSONALLY appeared before me, ASTRID NUNEZ, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 7 day of DECEMBER, 2018.


Notary Public



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Great House Hunter LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:20900 NE 30th Avenue, Suite 416
Aventura, FL 33180Mailing Address:20900 NE 30th Avenue, Suite 416
Aventura, FL 33180

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:

Astid Nunez
Name20900 NE 30th Avenue, Suite 416
Florida street address (P.O. Box NOT acceptable)Aventura FL 33180
City Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

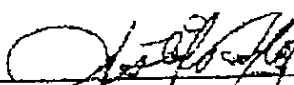
AMBR/MGRName and Address:Astrid Nunez (93%)20900 NE 30th Avenue, Suite 416Aventura, FL 33180AMBR/MGRRuben Armas (3%)20900 NE 30th Avenue, Suite 416Aventura, FL 33180AMBR/MGRAlexa Armas (2%)20900 NE 30th Avenue, Suite 416Aventura, FL 33180AMBR/MGRAnnabela Noel (2%)20900 NE 30th Avenue, Suite 416Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/7/2018 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.
 (In accordance with section 505.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 signee

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 DEPT OF STATE
 TALLAHASSEE, FLORIDA

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