Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. LITTLE HOUSE INVESTMENT LLC

Certificate of Status	1
Certified Copy	1
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To: 18506176381 From: 14694451465 Date: 01/03/19 Time: 9:40 AM Page: 02/04
To: 12143174754 From: +Restricted Date: 01/02/19 Time: 7:56 AM Page: 01
850-617-6381 1/2/2019 10:56:12 AM PAGE 1/001 Fax Server



January 2, 2019

FLORIDA DEPARTMENT OF STATE

LEGALING CORPORATE SERVICES INC. Division of Corporations

SUBJECT: LITTLE HOUSE INVESTMENT LLC

REF: W19000000071

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.

Please include address in Article IV.

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

DANIEL L O'KEEFE FAX Aud. #: H18000366224 Regulatory Specialist II Letter Number: 519A00000028 To: 18506176381 From: 14694451465 Date: 01/03/19 Time: 9:40 AM Page: 03/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(((H18000366224 3)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")

ARTICLE II - Address:

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

1390 BALLAN AL. 34170 104 MIOMI FL 33131	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Principal Office Address:

Name (2)

Florida street address (P.O. Box NOT acceptable)

MIAMI F/ 33/3/

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 a cap 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)

2019 JAN -3 AM 8: 53
SECREIARY OF STATE
TALL AHASSEF, FI

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Mailing Address:

(((H18000366224 3)))

	(((H18000366224 3)))
ARTICLE IV-	
The name and address of each person auti	horized to manage and control the Limited Liability Company;
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	KATHONINE Y. SATICH
	1390 Brickell Ave, Suite 104
	Miami, Florida 33131
ite of filing.) If the date inscried in this block does not in coment's effective date on the Department of CLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be listed as of State's records.
	/
REQUIRED SIGNATURE:	
	merine to contrar
Signature of a mer	mber or an authorized representative of a member.
l am aware that any fulse	ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
<i>t</i> .	
	Heane Jana Hez Typed or printed name of signee
	-
	4 1741 #1
\$125.00 Filing Fee for Articles of Orm	Filing Fees: amization and Designation of Registered Agent (17)

\$ 5.00 Certificate of Status (Optional)

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AM 8: 53

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