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COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Refuge 12/21 L.L.C. 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:
Henry Collins Name of Person
3105 NW 107 Ave Suite 400-27
Address
Doral F1. 33172
Dora . Fl. 33172 Sity/State and Zip Code henry @ nexxtra Net. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henry Collins at 786, 292.9009 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certified Copy (Certified Copy)
(additional copy is enclosed)

Mailing Address

'n

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

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The name of the Limited Liability Company is:

Refuge 12/21 L. L. C.

(Must contain the words "Limited Liability Company, "L.I.,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:	<u>Mailing Address</u> :
3105 NW 107 Ave	3105 NW 107 AVE Suite 400-17
Doral, FL 331.72	1200al, FL. 33/72
Suite 400-J7	

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:

Name

3105 NW 107 Ave Su. to 400-17

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

Oru Fl 33172

City State 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..

Register Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" ≈ Authorized Member	
"MGR" \Larger	Vachund Collins
	3105 NW 107 Ave Swite 400
	Doral EL 33172
110	Maller : 1 lal c a la
<u> </u>	3105 NW 107 Ave Suite 400
	DASAL EL 33172
<u> </u>	Henry Collins
	3105 NW 107 AVESUITE 400
$\bigcap_{\alpha \in A} A_{\alpha}$	120 cal, FL 30142
VIR. Sales	laria Collins
D. M. v.l.	3105 NW 107 Ave Sur 400
DIR. Marketing	July 1 331/2 Cisto
(Use attachment if necessary)	Elba, Virginia Gonzales tuste
	7/11/19 OPPIONAL DOCALE
ARTICLE V: Effective date, if other than the date of fill	and cannot be more than five business days prior to or 90 days after
the date of filing.)	and cannot be more than by consiness days prior to be 20 days affect
Note: If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of Sta	ite's records.
ARTICLE VI: Other provisions, if any,	
,	
REOUIRED SIGNATURE:	· '
1	(λ)
Signature of a member	r or an authorized representative of a member.
This document is executed in	accordance with section 605.0203 (1) (b), Florida Statutes.
	rmation submitted in a document to the Department of State
constitutes a titra degree 1810.	ny as provided for infs.817.155. F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-