

Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

L19000249196

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.

((H19000300950 3)))



H190003009503ABC

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 : HTG UNITED, LLC
Account Number : I20190000094
Phone : (305)860-8188
Fax Number : (305)639-8427

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

Email Address: glendab@htgt.com

FILED
2019 OCT 15 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ORCHID DISTRICT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 16 2019

T. SCOTT

October 15, 2019

VIA EMAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314
Attention: Kyle Brumbley
Regulatory Specialist II

RE: Orchid District, LLC and Orchid District, LTD - same principals

REF: W19000090893

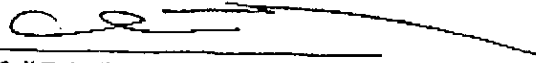
Letter Number: 319A00021005

FAX Aud. #: H19000300950

Dear Mr. Brumbley,

The purpose of this letter is to serve as confirmation that the principals of Orchid District, LLC (Limited Liability Company) and Orchid District, LTD (Limited Partnership) are the same. Please complete the filing for document W19000090893 (for Orchid District, LLC) so that it may be used.

Sincerely,
Orchid District, LTD



Orli Teitelbaum, Manager

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORCHID DISTRICT, LLC

(Must contain 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:

3225 AVIATION AVE, 6TH FLOOR
COCONUT GROVE, FL 33133

Mailing Address:

3225 AVIATION AVE, 6TH FLOOR
COCONUT GROVE, FL 33133

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:

ORLI TEITELBAUM

Name

1391 SAWGRASS CORPORATE PARKWAY

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

<u>SUNRISE</u>	<u>FL</u>	<u>33323</u>
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT 15 AM 9:44

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ANDREW BALOGH

1391 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

MGR

ORLI TEITELBAUM

1391 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

(Use attachment if necessary)

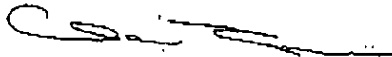
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ORLI TEITELBAUM

Typed or printed name of signer

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)