

10/21/2019

Division of Corporations

Florida Department of State

Division of Corporation

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To:

Division of Corporations

Fax Number

(850)617-6381

From:

Account Name : HTG AFFORDABLE, LLC

Account Number : I20150000094

Phone : (305)860-8188

Fax Number : (305)856-1475

**\*\*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@htgf.com

**FLORIDA LIMITED LIABILITY CO.**

**SKYVIEW79, LLC**

Certificate of Status	0
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October 21, 2019

**VIA FAX**

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Skyview79, LTD and Skyview79, LLC same principals  
REF: W19000092276

To Whom it May Concern,

The purpose of this letter is to serve as confirmation that the principals of Skyview79, LTD (Limited Partnership) and Skyview79, LLC (Limited Liability Company) are the same. Please complete the filing for document W19000092276 (for Skyview79, LLC) so that it may be used.

Sincerely,  
Skyview79, LTD

A handwritten signature in cursive script, appearing to read "Cara Balogh", written over a horizontal line.

Cara Balogh, General Partner

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYVIEW79, 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:

Mailing Address:

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

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:

CARA BALOGH

Name

1391 SAWGRASS CORPORATE PARKWAY

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

SUNRISE

FL

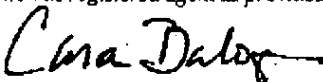
33323

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)

2019 OCT 21 PM 12:30

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:**

CARA BALOGH

1391 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

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(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.

CARA BALOGH

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)