

10/18/2019

L19000254445

Division of Corporations

Florida Department of State
Division of Corporations
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(((H19000307877 3)))



H190003078773ABCS

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HTG UNITED, LLC
Account Number : I201900000094
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@htgf.com

**FLORIDA LIMITED LIABILITY CO.
GABLES31, LLC**

Certificate of Status	0
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Help

N. SAMS

OCT 23 2019

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October 22, 2019

HTG UNITED, LLC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: ORANGE GROVE 152, LLC
REF: W19000093528

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H19000307873
Letter Number: 619A00021766

October 22, 2019

VIA EMAIL

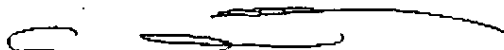
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314
Attention: Susan Tallent
Regulatory Specialist II

RE: Gables31, LTD and Gables31, LLC same principals
REF: W19000093534
Letter Number: 919A00021768
FAX Aud. #: H19000307877

Dear Ms. Susan Tallent,

The purpose of this letter is to serve as confirmation that the principals of Gables31, LTD (Limited Partnership) and Gables31, LLC (Limited Liability Company) are the same. Please complete the filing for document W19000093534 (for Gables31, LLC) so that it may be used.

Sincerely,
Gables31, LTD


Orli Teitelbaum, General Partner

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SUSAN TALLENT
REGULATORY SPECIALIST II

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GABLES31, 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)

SUNRISE

FL

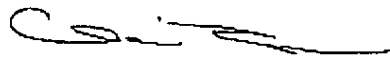
33323

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)

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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

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)

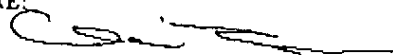
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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)

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