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To:

40/23/2 9

Division of Corporations

Fax Number

/(850)617-6381

From:

Account Name

: HTG DNITED, LLC

Account Number : I20190000094

: (305)860-8188

Phone 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.

FLORIDA LIMITED LIABILITY CO. HTG PRESERVE, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
HTG PRESERVE, 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	# 1
B and and succe address of the hincibal outce of the	e Lunited Liability Company is:
Principal Office Address:	Ag. 115
·	Mailing Address:
3225 AVIATION AVE, 6TH FLOOR	3225 AVIATION AVE, 6TH FLOOR
COCONUT GROVE, FL 33153	COCONUT GROVE, FL 33133
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registeration.	ered Agent's Signature: d 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	:
MATTHEW DIEGOD DA	

Name 3225 AVIATION AVE, 6TH FLOOR Florida street address (P.O. Box NOT acceptable) COCONUT GROVE

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)

The name and address of each person authorized to manage and control the Limited Liability Company: **Title:** Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR MATTHEW RIEGER 3225 AVIATION AVE, 6TH FLOOR COCONUT GROVE, FL 33133 MGR RANDY RIEGER 3225 AVIATION AVE, 6TH FLOOR COCONUT GROVE, FL 33133 (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. MATTHEW RIEGER 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 5.00 Certificate of Status (Optional)

ARTICLE IV-