epartment of State

Division of Corporations Electronic Filing Cover Sheet

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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. **

leridab

FLORIDA LIMITED LIABILITY CO. HTG BLANCHE ELY MEMBER, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name: The name of the Limited Liability Company is: HTG BLANCHE ELY MEMBER, 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 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

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

MATTHEW RIEGER,	P.A.	
1	Vame	
3225 AVIATION AVE	6TH FLOOR	
Florida street address (P.O. Box <u>NOT</u> a	cceptable)
COCONUT GROVE	FL	33133
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..

(egistered Agent's Signature (REQUIRED)

(CONTINUED)

I	itie:	Name and Address:	
•	AMBR" = Authorized N	er er	
	MGR" = Manager	A A TOTAL TO A DOCUMENT OF THE ADDRESS OF THE AD	
<u>N</u>	IGR	MATTHEW RIEGER	
	•	3225 AVIATION AVE, 6TH FLOOR COCONUT GROVE, FL 33133	
		COCONOT GROVE, PL 33133	
M	1GR	RANDY RIEGER	
		3225 AVIATION AVE, 6TH FLOOR	
		COCONUT GROVE, FL 33133	
_			
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(U	lse attachment if necess	•	
ARTICLE	V: Effective date if oth	un the date of filing: (OPTIONAL)	
If an effect	tive date is listed, the d	nust be specific and cannot be more than five business days prior to or 90 days	ther
he date of		the are special and comment as more than the smallest days brant to at 20 cm/s	1144
		does not meet the applicable statutory filing requirements, this date will not be lis	ed a
		partment of State's records.	
י א ד'ירום ו	VI: Other provisions, if		
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R	Sig This door I am awa	re of a member or an authorized representative of a member. t is excepted in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.	

Filing Feet:

Typed or printed name of signee

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

MATTHEW RIEGER

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)