

10/28/2019

Division of Corporations

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Florida Department 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.****

Email Address:

glendab@htgf.com

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 OCT 30 PM 11:13

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FLORIDA LIMITED LIABILITY CO. HTG GROVE VIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

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OCT 31 2019

October 30, 2019

VIA FAX

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

RE: CONSENT LETTER FROM HTG GROVE VIEW, LTD for HTG GROVE VIEW, LLC (same principals)

REF: W19000095935

Letter Number: 919A00022393

FAX Aud. #: H19000319631

To whom it may concern:

The purpose of this letter is to serve as consent and confirmation that the principals of HTG Grove View, LTD (Limited Partnership) and HTG Grove View, LLC (Limited Liability Company) are the same. Please complete the filing for document W19000095935 (for HTG Grove View, LLC) so that it may be used.

Sincerely,
HTG Grove View, LTD


Matthew Rieger, General Partner

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



October 30, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HTG UNITED, LLC

SUBJECT: HTG GROVE VIEW, LLC
REF: W19000095935

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H1900031631
Letter Number: 919A0022393

P.O BOX 6327 - Tallahassee, Florida 32314

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HTG GROVE VIEW, 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:

MATTHEW RIEGER, P.A.


Name

3225 AVIATION AVE, 6TH FLOOR

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

<u>COCONUT GROVE</u>	<u>FL</u>	<u>33133</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)

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TALLAHASSEE, FLORIDA

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:

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 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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TALLAHASSEE, FLORIDA

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