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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
5- n if 02				

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Thene. 030 330 1300
ACCOUNT NO. : I2000000195
REFERENCE: 117838 7193709
AUTHORIZATION : Spells of a second
COST LIMIT: \$ 123,00
ORDER DATE : December 30, 2019
ORDER TIME : 9:11 AM
ORDER NO. : 117838-005
CUSTOMER NO: 7193709
DOMESTIC FILING
NAME: 204304 HIGHLANDS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	CC	OVER LETTER	
	Filing Section sion of Corporations		
SUBJECT:	204304 Highlands LLC		
30032017	Name of Li	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
	Sicole Jeong		
_	<u> </u>	Name of Person	
C	o Greenberg Traurig, LLP		
_		Firm/Company	
2	375 East Camelback Rd., Suite 700		
_		Address	
ין	hoenix, AZ 85016		
	ongn@gtlaw.com	City/State and Zip Code	
		d for future annual report notificat	ion)
For further info	ermation concerning this matter, pleas	se call:	
Ві	ruce Rosetto	561 955.7625	
-		Area Code Daytime Telephon	e Number
Enclosed is a	check for the following amount:		
□\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section D	ivision
	Division of Corporations P.O. Box 6327	The Centre of Tallah 2415 N. Monroe Stre	assee
	Tallahassee, FL 32314	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
,	
204304 Highlands LLC	
(Must conatin the words "Limited Liability	y 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:
<u>13740 Highland Drive #304</u>	13740 Highland Drive #304
North Miami Beach, FL 33181	North Miami Beach, FL 33181
ARTICLE III - Registered Agent, Registered Office, & Regi	
(The Limited Liability Company cannot serve as its own Registe	ered 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 a	are:

Corporation Service Company Name 1201 Havs Street Florida street address (P.O. Box NOT acceptable) 32301 FL Tallahassee 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., Cerporation Service Company

Registered Agent's Signature (REQUIRED)

Roxanne Turner Asst. Vice President

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Hector Velez
	13740 Highland Drive #304
	North Miami Beach, FL 33181
	
	
(Use attachment if necessary)	
an effective date is listed, the date must be specife date of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as State's records.
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
/s/ Nicole Jeong	
This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false in constitutes a third degree fe	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
constitutes a third degree fel Nicole Jeong	formation submitted in a document to the Department of State

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)