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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Email	Address:	 	
mnil Addman.				
mail Address:				

FLORIDA LIMITED LIABILITY CO. MOUNTAIN GROUP CONSTRUCTION, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Mountain Group Construction, LLC (Must conatin 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: 6918 NE 5 Avenue 6918 NE 5 Avenue Miami, Fl. 33138 Miami, FL 33138 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: Michael A. Stein Name

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

6918 NE 5 Avenue

Miami 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my posterior stereor gent as provided for in Chapter 605, F.S..

ed Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each	person authorized to manage and control the Limited Liability ('omnanv

Titlei	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		•
AMBR	Michael A. Stein	
	6918 NE 5 Avenue	75
	Miami, FL 33138	
		· : *
MGR	Juan Vayas	
	6918 NE 5 Avenue	
	Miami, FL 33138	
	_	=======================================
	•	
		
		
		
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If an effective date is listed, the date must be date of filing.)	e date of filing: January 2, 2020 be specific and cannot be more than five busine not meet the applicable statutory filing requirement of State's records.	ss days prior to or 90 days after
REQUIRED SIGNATURE.		
Signature of	9 member ov an authorized representative of	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Floridi. 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.

Michael A. Stein 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)

\$ 5.00 Certificate of Status (Optional)