Division of Corporations

## Excide Department of State Diving a of separate Diving a first Covers of State Diving a first

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000074467 3)))



H200000744673ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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

## FLORIDA LIMITED LIABILITY CO. RGC Phase I, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

TAK -5 AH 9: 33

2020 HAR -5 PH 1:59

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
he name of the Limited Liability Company is:	•••
RGC Phase I, LLC	,
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3225 Aviation Avenue, 6th Floor	3225 Aviation Avenue, 6th Floor
Coconut Grove, FL 33133	Coconut Grove, FL 33133
ARTICLE III - Registered Agent, Registered Office, & Ro The Limited Liability Company cannot serve as its own Regi- mother business entity with an active Florida registration.)  The name and the Florida street address of the registered ages	istered Agent. You must designate an individual or
·	
Matthew Ri	eger P.A.
Na	me
3225 Aviation Avenu	ue, 6th Floor

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..

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

Florida

State

33133

Zip

Coconut Grove

City

(CONTINUED)

ered Agent's Signature (REQUIRED)

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

TAMBRU - Andrew - Abandar	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	RGC Phase I Manager, LLC		
MOIX	3225 Aviation Avenue, 6th Floor		
	Coconut Grove, FL 33133		
	<del></del>		
·		<del></del>	
(I ich Attachment if nacaccami)			
ffective date is listed, the date must be e of filing.)	date of filing: (OPTIONAle specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90 da	-
LEV: Effective date, if other than the a ffective date is listed, the date must be e of filing.)  If the date inserted in this block does nument's effective date on the Department of the Uter Provisions, if any.	e specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date ent of State's records.	to or 90 da	-
LEV: Effective date, if other than the a ffective date is listed, the date must be e of filing.)  If the date inserted in this block does nument's effective date on the Department of the Uter Provisions, if any.	e specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90 da	-
LEV: Effective date, if other than the affective date is listed, the date must be of filing.)  If the date inserted in this block does nument's effective date on the Department of the Departme	e specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date ent of State's records.	to or 90 da	-
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does numert's effective date on the Department's effectiv	e specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date ent of State's records.	to or 90 da	listed as
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does numert's effective date on the Department's effectiv	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Salse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	to or 90 da	listed as
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does numert's effective date on the Department's effectiv	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Sfalse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  Matthew Rieger	to or 90 da	listed as
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does numert's effective date on the Department's effectiv	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Salse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	Statute AHASSE	listed as
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does numert's effective date on the Department's effectiv	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Sfalse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  Matthew Rieger	statutes.	listed as
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does not memoris effective date on the Department's effec	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida S false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  Matthew Rieger  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	Statutes.	listed as
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  If the date inserted in this block does not memor's effective date on the Department's effet	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida S false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  Matthew Rieger  Typed or printed name of signee  Filling Fees:  Organization and Designation of Registered Agent  [1)	Statutes of State	listed as