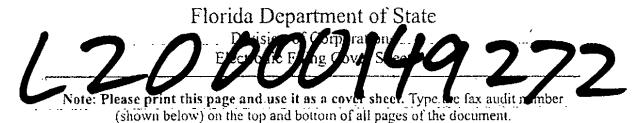
6/5/2020

Division of Cornorations



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FLORIDA LIMITED LIABILITY CO. MIA VITA HACIENDA LLC

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Help

, ARTICLES C	DE ORGANIZATION FOR	(PLORIDALIMETE)	LIABILITY COMPANY		
· · · · · · · · · · · · · · · · · · ·	• • • • •	•	\$	••	• •
ARTICLE I - Name:					
The name of the Limited Liabil	ity Company is:			~	
·					
М	LA VITA HACIENDA	LLC			
(Must cor	itain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")		
ARTICLE II - Address:		affian af tha Limiter	I I inhility Communities		
The mailing address and street	address of the principal	office of the Limited	: Liability Company is:		
Princi	pal Office Address:		Mailing Addr	ress:	
7557 NW 70 STR		<u></u>	AME		
MIAMI, FL 3316	6		 		
					
ARTICLE III - Registered As	nant Ranistoral Office	& Registered Age	nt's Signature:		
(The Limited Liability Compar	gem, Registered Office ty connot serve as its ow	n Registered Agent.	You must designate an in-	dividual or	
another business entity with an	active Florida registrați	on,)			
21.01.01		,			
The name and the Florida stree	t address of the registere	d agent are:			
		AND CHICKIONS			
	LILL	ANA GHIGLIONE Name	<u> </u>		
		Name			
	7557 NW 70 STRE	ET			
	Florida street addre		acceptable)		· ~
		,	• ,		- 0
	MIAMI	FL_	33166		,
	City	State	Zip		•
					, ,
Having been named as registered	l agent and to accept ser	vice of process for th	e above stated limited liab.	ility company at t	he -
place designated in this certificat					
further agree to comply with the pain familiar with and accept the c	provisions of all statues :	celaung to the prope	r and complete performan	ce oj mir auaes, a . Kos. E.S	nas .
am Jamiliar with and accept the c	rougations of privilestator	i na regisierva agum	us provideu joi in Endpiei	600, P.S.	•
		II.			
		7			
	Herical	Agent's:Signature (i	regisaety.		
		(CONTINUED)			

	Name and Address:
"AMBR" = Authorized Membe	r'
"MGR" = Manager	
AMBR	JORGE CHIGLIONE
	7557 NW 70 STREET MIAMI. FL 33166
AMBR	LILIANA GHIGLIONE
BARTIN	7557 NW 70 STREET
	MIAMI, FL 33166
(Use attachment if necessary) CLE V: Effective date, if other that	n the date of filing:
CLE V: Effective date, if other that effective date is listed, the date m te of filing.) - If the date inserted in this block d	n the date of filing:
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CLE V: Effective date, if other than effective date is listed, the date in the of filing.) If the date inserted in this block document's effective date on the Department of the CLE VI: Other provisions, if any.	loes not meet the applicable statutory filing requirements, this date will not be lis
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