Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000214756 3)))



H200002147563ABC.

		
To:		=
	Division of Corporations	
	Fax Number : (850)617-6381	သ
		,X200
From:		<u> </u>
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	2
	Account Number : 120000000019	
	Phone : (305)552-5973	Ċ
	Fax Number : (305)675-5944	

FLORIDA LIMITED LIABILITY CO. HAUSER REALTY, LLC

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

2020 JUL -8 PM 12: 38

Email Address:

PAGE 02/03

VIGO & VIGO, LLP

305 266 5758

P.002

ARTICLES OF ORGANIZATION FOR FLORIDA	LEMITED LIABILITY COMPANY
--------------------------------------	---------------------------

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAUSER REALTY, LLC

(Must contain the words "Limited Liability Company, "LLC," 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
1110 BRICKELL AVENUE	SAME
#805	
MTAMT FL 33131	

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:

FEDERICO NIMHAUSER

Name

1110 BRICKELL AVE # 805

Florida street address (P.O. Box NOI acceptable)

MIAMI FL 33131

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)

20 III - B AB IO I o

305 286 5758

P.003

ARTICLE IV- The name and address of each person anth	orized to manage and control the Limited Liability Company:				
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
AMRR.	FEDERICO NIMHAUSER				
	1110 BRICKELL AVE # 805 MTAMI, FL 33131				
	•				
(Use anadomeou if necessary)					
the date of filing.)	fic and cannot be more than five business days prior to or 90 days after				
ARTICLE VI: Other provisions, if any.					
This document is executed	or an anthorized representative of a member. in accordance with section 605.0203 (1) (5), Florida Sumtes.				
constitutes a third degree fe	formation submitted in a document to the Department of State long as provided for in s.817.155, F.S. ALCO NIMHAUSER yped or printed name of signce				
	!				