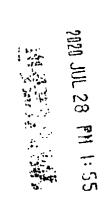
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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700349192857



2020 JUL 28 AM II: 08 SECRETARY OF STATI

N. C. ...

CORPORATION SERVICE COMPANY 1201 Havs Street

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

ACCOUNT NO. : I2000000195
REFERENCE : 368336 7950399
AUTHORIZATION: Signello Cleraco
COST LIMIT : \$ 125:00
ORDER DATE : July 27, 2020
ORDER TIME : 1:30 PM
ORDER NO. : 368336-010
CUSTOMER NO: 7950399
DOMESTIC FILING
NAME: AVALCO HISLEAH, 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

	iew Filing Se Division of Co					
SUBJECT		HIALEAH, LLC				
SOBJECT	·	Nan	e of Limited Liab	oility Company		
The enclos	sed Articles of	Corganization and	fee(s) are submitte	ed for filing.		
Please retu	ım all corresp	ondence concerning	g this matter to the	following:		
	Jorge M. Vi	gil				
	Name of Person					
	Jorge M. Vi	gil, PA				
	. Firm/Company					
265 Sevilla Avenue Address						
	vivian@jvigi	llaw com	City/State a	and Zip Code		
			be used for future	annual report notificati	on)	
For further i	nformation co	ncerning this matte	r, please call:			
	Jorge Vigil		786 at (497-4450		
	Nam	ne of Person	Area Code	Daytime Telephon	e Number	
Enclosed is	s a check for t	he following amou	ıt:			
	Filing Fee	□\$130.00 Filing Certificate of St	g Fee & □\$1 atus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

AKTICLES OF ORGANIZATION FOR FLORIDALLMITED LIABILITY COMPANY

2020 JUL 28 AHII: 08

SECRETARY OF STATE

ARTICLE I - Name:

AVALCO HIALEAH, ŁLC	
(Must conatin the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
E II - Address:	
ng address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address
14100 SW 92 Avenue	14100 SW 92 Avenue
Miami, FL 33176	Miami, FL 33176

The name and the Florida street address of the registered agent are:

Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 State City 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 slatutes relating to the froper 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.

Congration Service Company

-RADESHA ROBERSON, ASST. VICE PRESIDENT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JUL 28 AM II: 08

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jolyse Holdings, LLC, a Florida limited liability company 7101 SW 24 Street, Miami, FL 33155
	ALE
	프
(Use attachment if necessary)	
n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no	ate of filing: specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Departme	nt of State's records.
CICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
-	
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	Typed of 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)