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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CORREDOR LIMITED CG, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION OF
CORREDOR LIMITED CG, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is Corredor Limited CG, LLC (the "Limited Liability Company").

**ARTICLE II
STREET ADDRESS AND MAILING ADDRESS**

The street address and mailing address of the principal office of the Limited Liability Company is as follows:

1820 N. Corporate Lakes Blvd.
Suite 305
Weston, FL 33326

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are Capitol Corporate Services, Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

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 of the Florida Statutes.

Capitol Corporate Services, Inc.

By: Kim Tadlock Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

**ARTICLE IV
MANAGER**

The Limited Liability Company shall be manager-managed.

David P. Baghdassarian

Date: August 31, 2020

David P. Baghdassarian, Authorized Person

In accordance with Section 605.0203 of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155 of the Florida Statutes.

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ALL INFORMATION CONTAINED
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DATE 09-08-2020 BY 60322