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Tc:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number: 104662003400

Phone : (516) 935-3940 Fax Number : (516) 935-3088

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

Email Address: bob@viniarandcompany.com

FLORIDA LIMITED LIABILITY CO.

8700 Sol Terrace LLC

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

C1 - 6 RM II: 43



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | I Terrace LL(| | |
|---|---|---|--|--|
| (Mı | ast end with the words " | Limited Liability | Company, "L.L. | C.," or "LLC.") |
| ARTICLE II - Address | | | | |
| The mailing address and | street address of the pri | ncipal office of the | e Limited Liabil | ity Company is: |
| Principal Office Addres | <u>is:</u> | Malling Addre | <u>ss:</u> | |
| 18336 Little Oaks I | Orive | | 6 Little Oaks | |
| Jupiter, FL 33458 | | <u>Jupit</u> | er, FL 33458 | 3 |
| ARTICLE III - Register (The Limited Liability Coanother business entity value). The name and the Florida | ompany cannot serve as with an active Florida re | its own Registere gistration.) | d Agent. You m | gnature: ust designate an individual or |
| | | . | • | |
| <u> </u> | Sylvia Isaacs | Name | | |
| | 18336 Little Oaks | Drivo | | |
| | Florida street address (I | | reptable) | : |
| | Jupiter | | | |
| 2 | City | <u> </u> | 33458 Zip | |
| the place designated capacity. I further agre | in this certificate, I herei ee to comply with the pro | by accept the appo ovisions of all statt | intment as regist ucs relating to th If my position as | ove stated limited liability company at tered agent and agree to act in this ne proper and complete performance registered agent as provided for in |
| | Registered Agent | r's Signature (REC | (UIRED) | 2021 |
| | Sylv | ia Isaacs | |) OC |
| | (CO | NTINUED) | | 2020 OCT - 6 |
| | ı | Page Lof2 | | ig p |

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| <u>litle:</u> | Name and Address: |
|---|---|
| AMBR" = Authorized Member | |
| MGR" = Manager AMBR | Sylvia Isaacs |
| | 18336 Little Oaks Drive Jupiter, FL 33458 |
| AMBR | Darrin Isaacs |
| | 18336 Little Oaks Drive Jupiter, FL 33458 |
| AMBR | Poh Eng Wan |
| | 18336 Little Oaks Drive Jupiter, FL 33458 |
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| | |
| lieu attachmumt if nevecearu) | |
| | date of filing: |
| V: Effective date, if other than the ctive date is listed, the date must if filing.) | date of filing: |
| V: Effective date, if other than the ctive date is listed, the date must if filing.) VI: Other provisions, if any. | |
| V: Effective date, if other than the ctive date is listed, the date must if filing.) VI: Other provisions, if any. | |
| V: Effective date, if other than the crive date is listed, the date must if filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any fa | |
| CV: Effective date, if other than the ctive date is listed, the date must if filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any fa | a member or an authorized representative of a member. ation 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Itse information submitted in a document to the Department of State |