

10/9/2020

L 20000 3 11470

Division of Corporations

Florida Department of State
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.

((H20000353030 3)))



H200003530303ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2020 OCT 12 AM 10:16

FILED

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

From: Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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.
ALORA HOUSING SOLUTIONS, LLC

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

2020 OCT 12 PM 3:25

ALORA HOUSING SOLUTIONS, LLC

Electronic Filing Menu

Corporate Filing Menu

Help

D Juc
10/13/20



October 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: ALORA HOUSING SOLUTIONS, P.A., LLC
REF: W20000116988

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "P.A." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: E20000353030
Letter Number: 020A00019981

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:
ALORA HOUSING SOLUTIONS, LLC

ARTICLE II

The mailing address and street of the principal office of the Limited Liability Company is:
PRINCIPAL OFFICE ADDRESS:
23715 SW 107TH PLACE
HOMESTEAD, FL 33033

MAILING ADDRESS:
The mailing address is:
23715 SW 107TH PLACE
HOMESTEAD, FL 33033

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
General Real Estate sales and services.

ARTICLE IV

The name and Florida street address of the Registered Agent is:
JOAN VELIZ
23715 SW 107TH PLACE
HOMESTEAD, FL 33033

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)

FILED
2020 OCT 12 AM 10:16
ALLAHABAD

ARTICLE V

The name and address of managing members/managers are:

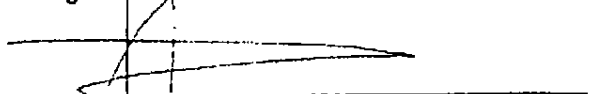
TITLE: MGR
JOAN VELIZ, 50.00%
23715 SW 107TH PLACE
HOMESTEAD, FL 33033

TITLE: MGR
SONIA MARCELA MONROY, 50.00%
23715 SW 107TH PLACE
HOMESTEAD, FL 33033

ARTICLE VI

The effective date for this Limited Liability Company shall be: 10/08/2020

Signature of member or an authorized representative of a member:



JOAN VELIZ

MANAGER

STATE OF FLORIDA
COUNTY OF DADE
FILED

2020 OCT 12 AM 10:16

FILED