

10/20/2020

**L20890325035**

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.

((H20000365570 3)))



H200003655703ABC

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

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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.**

**THE POINTE AT PRINCETON, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**J. FASON**

**OCT 22 2020**

Electronic Filing Menu

Corporate Filing Menu

Help

((H20000365570 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: October 13, 2020

### ARTICLE I – NAME:

The name of the Limited Liability Company is:

**THE POINTE AT PRINCETON, LLC**

### ARTICLE II – ADDRESS:

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

**14400 NW 77th COURT, STE 300  
MIAMI LAKES, FL 33016**

### ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

**CARLOS HERRERA**

Name

**14400 NW 77th COURT, STE 300**

Florida Street Address

**MIAMI LAKES, FL 33016**

City, State, and Zip

2020 OCT 21 AM 11:27

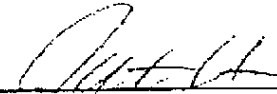
FILED

-continued-

((H20000365570 3)))

((H20000365570 3)))

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 605.0203 (1) (b).

x 

Registered Agent's Signature  
CARLOS HERRERA

#### ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a multiple members LLC and is therefore a MULTIPLE MEMBER LLC company with multiple managers. The NAME and ADDRESS of initial MANAGERS/ AUTHORIZED MEMBERS are as follows:

Title  
Authorized Manager

Name and Address:  
CARLOS HERRERA  
14400 NW 77th COURT, STE 300  
MIAMI LAKES, FL 33016

Title  
Authorized Manager

Name and Address:  
MAURICE CAYON  
7480 SW 40<sup>TH</sup> Street, 7<sup>th</sup> Floor  
MIAMI, FL 33155

Title  
Authorized Manager

Name and Address:  
TOMAS CABRERIZO  
3850 BIRD RD., STE. 801  
MIAMI, FL 33146

-continued-

((H20000365570 3)))

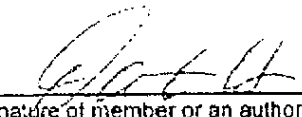
((H20000365570 3)))

### ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

### ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: OCTOBER 20, 2020.

x   
\_\_\_\_\_  
Signature of member or an authorized representative of a member

FILED  
2020 OCT 21 AM 11:27  
STATE  
OFFICE

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

x   
\_\_\_\_\_  
**CARLOS HERRERA**  
Member/Manager of LLC

October 13, 2020

((H20000365570 3)))