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.

(((H20000375476 3)))



H200003754763ABC1

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)617-6381undefined(305)860-8188undefined(305)639-8427

From:

Account Name : HTG UNITED, LLC Account Number : I20190000094 Phone : (305)860-8188 Fax Number : (305)639-8427

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

Email Address: glendab@htgf.com

JCT 29 AM 8:35

FLORIDA LIMITED LIABILITY CO.

Sweetwater Apartments II Developer, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 3 0 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

	ments II Developer, LLC ontain the words "Limited I	ighility Company	"I C "pr "I C")	
(MILLS) CO	onman the worth chines i	лаошту сопрану,	E.E.C., or LEC.	
ARTICLE II - Address:				
The mailing address and stree	at address of the principal of	flice of the Limited	Liability Company is:	
Princ	cipal Office Address:		Mailing Address:	
3225 Aviation Av	enue	322:	3225 Aviation Avenue 6th Floor	
6th Floor				
Coconut Grove, F.	L 33133	Coc	onut Grove, FL 33133	
ne name and the Florida stre	~			
The name and the Florida stre	et address of the registered	agent are:		
The name and the Florida stre	et address of the registered	agent are:		
The name and the Florida stre	et address of the registered Matthew Rieger, P.A	agent are: Name e, 6th Floor	cceptable)	
The name and the Florida stre	Matthew Rieger, P.A 3225 Aviation Avenu	agent are: Name e, 6th Floor	cceptable)	
	Matthew Rieger, P.A 3225 Aviation Avenue Florida street address Coconut Grove City	Name e, 6th Floor (P.O. Box NOT as	•	

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address;	
MGR	<u></u>	Matthew Rieger	
		3225 Aviation Avenue, 8th Floor Coconut Grove, FL 33133	_
			
			<u></u>
(Use attachme	nt if necessary)		
CLE V: Effective ffective date is less of filing.) If the date insert nument's effective LE VI: Other presents	date, if other than the date sted, the date must be speed in this block does not use date on the Department of	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will of State's records.	
CLE V: Effective ffective date is I e of filing.) If the date insert nument's effective CLE VI: Other pro-	date, if other than the date isted, the date must be speed in this block does not me date on the Department opvisions, if any.	ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will	
CLE V: Effective ffective date is I e of filing.) If the date insert nument's effective CLE VI: Other pro-	date, if other than the date isted, the date must be speed in this block does not me date on the Department opvisions, if any.	ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will	
CLE V: Effective ffective date is I e of filing.) If the date insert nument's effective CLE VI: Other pro-	date, if other than the date isted, the date must be speed in this block does not me date on the Department of any. Signature of a met This document is executed any false	ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will	not be lis
CLE V: Effective ffective date is I e of filing.) If the date insert nument's effective CLE VI: Other pro-	date, if other than the date isted, the date must be speed in this block does not me date on the Department of any. Signature of a met This document is executed any false	mber of an authorized representative of a member. ed in secondance with section 605.0203 (1) (b), Florida Statute information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	not be lis

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)