Note: Please print this page and use it as a cover sheet. Type the fax sudit number (shown below) on the top and bottom of all pages of the document.

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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 : HTG UNITED, LLC Account Number : 12019000094 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.

Email Address:

glendab@htgf.com

FLORIDA LIMITED LIABILITY CO.

HTG Anvilblock Developer, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

PH 1: 20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
HTG Anvilblock Dev				<u></u> .
(Must cona	in the words "Limited	Liability Compa.	oy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	idress of the principal o	office of the Limi	ted Liability Company is:	
<u>Princtpa</u>	l Office Address:		Mailing Add	ress:
3225 Aviation Avenu	e, 6th Floor	3	225 Aviation Ave, 6th Floo	or .
Coconut Grove, FL 3	3133		oconut Grove, FL 33133	·
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad- The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Ager on.)	gent's Signature: nt. You must designate an in	dividual or
	Matthew Rieger, P.A			
		Name		
	3225 Aviation Avenu	ue, 6th Floor	_	
	Florida street addres	s (P.O. Box <u>NO</u>)	acceptable)	
	Coconut Grove	Florida	33133	
	City	State	Zip	

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)

(CONTINUED)

2821 HAY 13 AM 10: 08

" A L G L D D A AL L L // L	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager	er
MGR	Matthau, D'
MOR	Matthew Rieger 3225 Aviation Avenue, 6th Floor
	Coconut Grove, FL 33133
MGR	Randy Rieger
	3225 Aviation Avenue, 6th Floor
	Coconut Grove, FL 33133
	
(Use attachment if necessary)	
I	
(omisem in necessary)	
,	n the date of filing: 5/12/2021 (OPTIONAL)
LEV: Effective date, if other tha	n the date of filing: 5/12/2021 (OPTIONAL)
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Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Matthew Rieger

ARTICLE IV-