5/20/2021

Division of Corporations

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.

(((H210002029373)))



HE1000000793373ABC

Note: DO NOT his 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 : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : 1200700000033

: (305)649-7040

Fax Number

: (305)646-3237

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

FLORIDA LIMITED LIABILITY CO. AMERICAN GOLF CONSTRUCTION LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

850-617-6381

5/21/2021 3:03:51 PM PAGE 1/001 Fax Server



May 21, 2021

FLORIDA DEPARTMENT OF STATE

PEREZ ARCHE AND ACCOUNTING & TAX SERVICES INC

SUBJECT: AMERICAN GOLF CONSTRUCTION

REF: W21000073924

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 a limited liability company must contain the words "Limited Liability Company, " the abbreviation "L.L.C., " or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C., " and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document 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.

Shareta Backey Regulatory Specialist II FAX Aud. #: H21000202937 Letter Number: 221A00010910

COVER LETTER

TO: No	ew Filing Section evision of Corpo	n rations			
		AMERICAN	GOLF CON	STRUCTION LLC	
SUBJECT		Name of Li	mited Liabilit	у Сотралу	
The enclos	ed Articles of Or	ganization and fee(s) a	re submitted f	or filing.	
Please retu	m all correspond	ence concerning this m	natter to the fo	llowing:	
		,	ANA ISABEL	. ARAICA	
			Name of I	Person	
		PEREZ ARCHE A	N ACCOUN	TING AN TAX SER	VICE
		 _	Firm/Cor	пралу	•
		4011	W FLAGLER	ST STE 501	
		····	Addre	ess	
		COR	AL GABLES	, FL 33134	
			City/State and	=	
		ARAIC/ nail address: (to be use	AISABEL@C		
For further		erning this matter, plea	ise call:		,
	ALEXANDER	MENDOZAat (at (305	649-7040)	
	Name	of Person	Area Code	Daytime Telephone	e Number
Enclosed	s a check for the	following amount:			
□\$125.0) Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AMERICAN	GOLF CONS	TRUCTION LLC
(Must cont	ain the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street a	ddress of the principal office	of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
4011 W. FLAGLER	ST STE 501	401	W. FLAGLER ST STE 501
CORAL GABLES,F	I 33134	<u></u>	RAL GABLES, FL 33134
RTICLE III - Registered Ag	ent, Registered Office, & R	Legistered Age	
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & Recannot serve as its own Regactive Florida registration.)	legistered Agei gistered Agent.	nt's Signature:
RTICLE III - Registered Age	ent, Registered Office, & Recannot serve as its own Regactive Florida registration.) address of the registered age	legistered Agei gistered Agent.	nt's Signature: You must designate an individual c
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & Recannot serve as its own Regactive Florida registration.) address of the registered age	Registered Ageigistered Agent.	nt's Signature: You must designate an individual c
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & Recannot serve as its own Regactive Florida registration.) address of the registered age ALEXAND	Registered Agent. ent are: ER MENDOZ	nt's Signature: You must designate an individual o
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & Recannot serve as its own Regactive Florida registration.) address of the registered age ALEXAND	Registered Agent. ent are: DER MENDOZ	nt's Signature: You must designate an individual o
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & Recannot serve as its own Registered Florida registration.) address of the registered age ALEXAND No. 4011 W. FLA	Registered Agent. ent are: DER MENDOZ	nt's Signature: You must designate an individual o

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 agences provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

p.5

ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft of filing.) I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	<u>Title:</u>	Name and Address:
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: 05/11/2021 (OPTIONAL) Ethic date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. E. VI: Other provisions, if any. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	"AMBR" = Authorized Member	ur en
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: 05/11/2021 (OPTIONAL) E. V.: Effective date, if other than the date of filing: 05/11/2021 (OPTIONAL) E. V.: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. E. VI: Other provisions, if any. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD REOURED SIGNATURE: This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	"MGR" = Manager	
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:	MGR	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		4011 W FLAGLER ST STE 501
EV: Effective date, if other than the date of filing:		CORAL GABLS, FL 33134
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. EVI: Other provisions, if any. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	(Use attachment if necessary)	
The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. EVI: Other provisions, if any. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that	in the date of filing: 05/11/2021 (OPTIONAL)
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other tha	in the date of filing: <u>05/11/2021</u> . (OPTIONAL) sust be specific and cannot be more than five business days prior to or 90 days after
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other tha fective date is listed, the date most filing.)	ust be specific and cannot be more than five business days prior to or 90 days afte
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that fective date is listed, the date mof filing.) The date inserted in this block of	just be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the De	just be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that fective date is listed, the date in of filling.) If the date inserted in this block of ment's effective date on the De	sust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that fective date is listed, the date in of filling.) If the date inserted in this block of ment's effective date on the De	sust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that fective date is listed, the date in of filling.) If the date inserted in this block of ment's effective date on the De	sust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the De	sust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD
I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other that ective date is listed, the date in of filing.) The date inserted in this block of ment's effective date on the Detective	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felong as provided for in s.817,155, F.S.	EV: Effective date, if other that ective date is listed, the date in of filing.) The date inserted in this block of ment's effective date on the Detective	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD TE of a member or an authorized representative of a member.
HEXADOR Mando 20	EV: Effective date, if other that ective date is listed, the date most filing.) The date inserted in this block of ment's effective date on the Deservice of th	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD TE of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Hlexanoler Mando Ca	EV: Effective date, if other that ective date is listed, the date most filing.) The date inserted in this block of ment's effective date on the Deservice date date on the Deservice date date on the Deservice date date date date date date date dat	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD TE of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State
	EV: Effective date, if other that ective date is listed, the date most filing.) The date inserted in this block of ment's effective date on the Detective	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD TE of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State
	EV: Effective date, if other that ective date is listed, the date in of filing.) 'the date inserted in this block of ment's effective date on the Detective date on the Detecti	does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. ATTACHED EIN NUMBER 86-3786403 PLEASE ADD TE of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 05-11-2021

Employer Identification Number: 86-3786403

Form: SS-4

Number of this notice: CP 575 B

AMERICAN GOLF CONTRUCTION LLC ALEXANDER MENDOZA MBR 4011 W FLAGLER ST STE 501 CORAL GABLES, FL 33134

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3786403. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

> 03/15/2022 Form 1065

If you have questions about the form(s) or the due date(s) shown, you can call us at the shone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8932.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

p.7

(IRS USE ONLY) 575B

05-11-2021 AMER B 999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is AMER. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-11-2021 () –

EMPLOYER IDENTIFICATION NUMBER: 86-3786403

FORM: 5S-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

AMERICAN GOLF CONTRUCTION LLC ALEXANDER MENDOZA MER 4011 W FLAGLER ST STE 501 CORAL GABLES, FL 33134