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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corp			
SUBJECT:	ATAT IN Name of Lim	lestment Gr ited Liability Company	<u>oup</u>
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
	Georgina	Radriguez Name of Person	
A			roup
	14959 \$	w 9t war	
	Maay, 7	Address - 2 33194 ty/State and Zip Code	·
E-1	nail address: (to be used f	or future annual report notification	on)
For further information conc	erning this matter, please	call:	
GEORGING Pame	Nodruguez at (786 271-50 Pa Code Daytime Telephone	Number
Enclosed is a check for the	following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> New Filir	Address ng Section	Street Address New Filing Section Div	vision

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

Ā	R	ΤI	C	LI	Œ	_	N	ame:
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
14959 Jew 9h way	1459 Sw 9 th way
Migal 1+ 1 33194.	MIGHT FC 33194
	<u> </u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name Paringues
Name
14959 Ses 9th 107011

Florida street address (P.O. Box NOT acceptable)

M(44) + L 33 144

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)

21 HAY 21 PM 12: \$3

The name and address of each person are	uthorized to manage and control the Limited I	Liability Company:	
Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager HGL	Georgina Rodrigina 19459 Sw. 970 030 Highly FL 33194	ut ~	
MGR	Hector Jayrarde) 씩	
1/6R	DAVID A Mater 14959 Sas 941 W)S pul	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date if an effective date is listed, the date must be sp he date of filing.)	ecific and cannot be more than five busines		
Note: If the date inserted in this block does not rule the document's effective date on the Department	nect the applicable statutory filing requireme of State's records.	ents, this date will not be lis	sted as
ARTICLE VI: Other provisions, if any.		FILI AY 21 ET/AN MIASSE	;
			• •
REQUIRED SIGNATURE:	De la companya dela companya dela companya dela companya de la companya dela companya de la companya dela companya de la companya dela companya de la companya de la companya dela companya del	Ecale Carda	i ·
This document is execut I am aware that any falso constitutes a third degree	ember or an authorized representative of a ted in accordance with section 605.0203 (1) (a information submitted in a document to the effect of the felony as provided for in s.817.155, F.S.	h) Florida Statutes	
Georg	Typed or printed name 60 signec		

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)

ARTICLE IV-