

7/22/2021

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Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.
GABLES SEABREEZE LLC**

Certificate of Status	0
Certified Copy	1
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July 26, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE

SUBJECT: GABLES SEABREEZE LLC
REF: W21000105160

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.

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Carlos E Rico
Regulatory Specialist III
New Filing Section

FAX Aud. #: E21000280448
Letter Number: 021A00017412

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gables Seabreeze LLC

(Must end with 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:327 SW 2nd Avenue
Florida City, FL 33034327 SW 2nd Avenue
Florida City, FL 33034

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:

Roman Piloto

Name

327 SW 2nd AvenueFlorida street address (P.O. Box NOT acceptable)Florida City

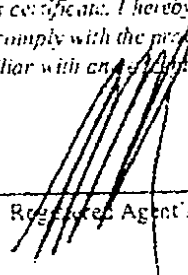
FL

33034

City

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 understand the obligations of my position as registered agent as provided for in Chapter 603, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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21 JUL 22 PM 12:43
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRAMBRName and Address:Roman Piloto327 SW 2nd AvenueFlorida City, FL 33034Jenny Piloto327 SW 2nd AvenueFlorida City, FL 33034

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/20/21 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Roman Piloto

Typed or printed name of signer