

L21000 351106

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
ARDILES INVESTMENT LLC**

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

90
SECRETARY OF STATE
TALLAHASSEE, FL
62

2021 AUG -3 PM 1:53

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARDILES INVESTMENT LLC

ARTICLE II - Address:

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

15820 SW 136 TH MIAMI FL 33196

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

CESAR GABRIEL ARDILES ANICETO

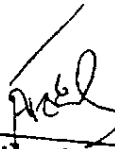
15880 SW 136 th Miami FL 33196

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

CESAR GABRIEL ARDILES ANICETO (AMBR)

Required Signatures:




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.

CESAR GABRIEL ARDILES ANTICED

Typed or printed name of signee

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)

H21000293959

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED
OFFICE**

**PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT,
IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: MJE PROPERTY ASSOCIATES, LLC
2. The name and Florida street address of the registered agent and office is:

Kenneth A. Norman
(Name)

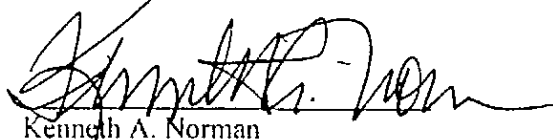
2400 SE Federal Highway, Fourth Floor
(P.O. Box not acceptable)

Stuart, FL 34994
(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, Kenneth A. Norman hereby accepts the appointment as registered agent and agrees to act in this capacity. Kenneth A. Norman further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated: August 3, 2021.

REGISTERED AGENT:


Kenneth A. Norman