To: 18506176381 From: 14693173436 Date: 08/06/21 Time: 8:35 PM Page: 01/04

# Division of C Electronic Filip

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011

: (844)386-0178 : (214)317-4754 Phone Fax Number

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

Email Address:

#### FLORIDA LIMITED LIABILITY CO. SUSTAINING HOPE PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Court	03
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: July 29, 2021

ARTICLE I - NAME:

The name of the Limited Liability Company is:

### SUSTAINING HOPE PARTNERS, LLC

#### ARTICLE II - ADDRESS:

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

8917 SW 117 ST MIAMI, FL 33176

### ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

#### **VERONICA BENITEZ**

Name

#### 8917 SW 117 ST

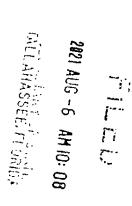
Florida Street Address

**MIAMI, FL 33176** 

City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited fiability 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 605.0203 (1) (b).

Registered Agent's Signature
VERONICA BENITEZ

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple members LLC and is therefore a MULTIPLE MEMBER LLC company with multiple managers. The NAME and ADDRESS of initial MANAGERS/AUTHORIZED MEMBERS are as follows:

Title President
Authorized Member

Name and Address: VERONICA BENITEZ 8917 SW 117 ST MIAMI, FL 33176

Title Secretary
Authorized Member

Name and Address: NATALIE GIRALDO 680 MAPLEWOOD CT. WESTON, FL 33327

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#### **ARTICLE V BUSINESS DEDUCTIONS**

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

#### ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: AUGUST 13, 2021.

Signature of 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.

VERONICA BENITE

Member/Manager of L

July 29, 2021

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