

L2100029850735612

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0170
Fax Number : (214)317-4754

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 Count	03
Estimated Charge	\$125.00

2021/08-06 PM 4:59

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2021 AUG -6 AM 10:08
TALLAHASSEE, FLORIDA

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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 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 605.0203 (1) (b).

x _____
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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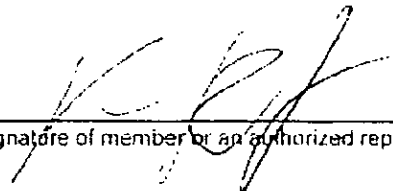
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ARTICLE V BUSINESS DEDUCTIONS

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.

x 

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.

x 

VERONICA BENITEZ
Member/Manager of LLC

July 29, 2021

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