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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

**FLORIDA LIMITED LIABILITY CO.
BETTERHOME INVESTMENTS, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 Aug -3 PM 10:52

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ARTICLES OF ORGANIZATION

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

ARTICLE I- NAME: The name of the Florida limited liability company is: **BETTERHOME INVESTMENTS, LLC.**

ARTICLE II- ADDRESS: The principal and mailing address of the limited liability company is: 2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134.

ARTICLE III- PURPOSE: The limited liability company shall any and all lawful purposes and members and managers may consider from time to time.

ARTICLE IV- REGISTERED AGENT: The name and address of the registered agent of the limited liability company is:

TRANSWORLD BUSINESS MANAGEMENT, LLC
2555 Ponce de Leon Blvd., Suite 600
Coral Gables FL 33134

ARTICLE V- MANAGERS: The name and address of person(s) authorized to manage the limited liability company:

Manager- FILIPPI MIGEOT, Jean Paul
Manager- FILIPPI MIGEOT, Michel Antoine
Manager- CORREA MENDOZA, Eduardo Javier
Manager- MOLINA ROJAS, Sergio Belisario

All managers shall have this address: 2555 Ponce de Leon Blvd., Suite 600, Coral Gables FL 33134

ARTICLE VI- AUTHORIZED REPRESENTATIVE: The name and address of the authorized representative is:

Andres E. Bazo
2555 Ponce de Leon Blvd., Suite 600
Coral Gables, FL 33134

Having been named as registered agent to accept services of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Registered Agent

08/02/2021

Date

I submit this document and affirm 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.

Authorized Representative.

08/02/2021

Date