Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : 120000000019  Phone : (305)552-5973 |       |                 | ress for this business entity to be used for | <u>.</u>            | ··   |  |
|---|-------|-----------------|--|---------------------|------|--|
| Account Name : LAZARUS CORPORATE FILING SERVICE, INC.   |       |                 |  | (7)                 | PH   |  |
| From:   |       | Account Number  | : I20000000019                               |                     |      |  |
| (000)027 0302   | From: | Account Name    | · LAZARIK CORPODATE ETLYIC CERUSAR - TUO     | ار در استان<br>مراز |      |  |
|   | To:   | Division of Cor | *********                                    | 160                 | 2021 |  |

## FLORIDA LIMITED LIABILITY CO. MH2 REAL ESTATE LLC

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

PAGE 01/03

| ARTICLES OF ORGANIZATION   |
|--|
| FI OPIDATE FOR   |
| FLORIDA LIMITED LIABILITY COMPANY  ARTICLE I - Name: The name of the Limited Liability C   |
| ARTICLE I - Name:  |
|  |
| Company is:  |
| ARTICLE II ALL Real Estate LCC   |
| ARTICLE II - Address:  |
| The mailing address and street address of the principal office of the Limited Liability  |
| 215  |
| 3100 SW 103 CT Higmi FC 33165  |
|  |
|  |
|  |
| ARTICLE III - Registered Agent, Registered Office:   |
| The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration) |
|  |
| Melannie Hernander Hernander   |
| Siz memander Hernander   |
| 3100 SW 103 CT Migmi FC 33165  |
|  |
| A DVET CO. T.  |
| ARTICLE IV The name and title of and   |
| The name and title of each person authorized to manage and control the Limited   |
| · · · · · · · · · · · · · · · · · · ·  |
| - Helannie Hermandez Hermandez (AMBE)  |
|  |
|  |
|  |
|  |
|  |

Signature of a member of 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 lerein 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.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited hability 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)