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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HTG UNITED, LLC
Account Number : 120190000094

Phone : Fax Number :

: (305)860-8188 : (305)639-8427

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

Email Address: <u>Alendabahtaf.com</u>

FLORIDA LIMITED LIABILITY CO.

HTG Garden Member, LLC

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

11:07

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Help

2021 SEP 16 AM 9: 3

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

2021 SEP 16 AM 9: 31 SECRETARY OF STATE TALLAHADSEE, FL

ARTICLE I - Name	Al	RT	ICL	E I	[ - N	lame	٠
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The name of the Limited Liability Company is:

HTG Garden Member, LLC (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
FICLE II - Address: mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3225 Aviation Ave	3225 Aviation Ave	
6th Floor	6th Ploor	
Coconut Grove, FL 33133	Cocomit Grove, FL 33133	
TICLE III - Registered Agent, Registered Office, & Ree Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  name and the Florida street address of the registered agent	gistered Agent's Signature: stered Agent. You must designate an individual c	
FICLE III - Registered Agent, Registered Office, & Re E Limited Liability Company cannot serve as its own Regi ther business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual o	
FIGLE III - Registered Agent, Registered Office, & Re e Limited Liability Company cannot serve as its own Regi ther business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual c at are:	
FIGLE III - Registered Agent, Registered Office, & Re Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  name and the Florida street address of the registered agen  Matthew Rieger, P.A.	gistered Agent's Signature: stered Agent. You must designate an individual o at are:	

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..

State

Coconut Grove

City

Register en Agent's Signature (REQUIRED)

33133 Zip

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Matthew A. Rieger
	3225 Aviation Ave, 6th Floor Coconut Grove, FL 33133
	Coconin Grove, FL 33133
_ <del></del>	
(Use attachment if necessary)	
EV: Effective date, if other than the date	e of filing: (OPTIONAL)
ective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 d
of filing.)	annet Alexandria blancher and Citizen and
ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not b
mem s enective date on the Department	t of State's records.
E VI: Other provisions, if any.	

## **REQUIRED SIGNATURE:**

ARTICLE IV-

Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Manhew Rieger

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)