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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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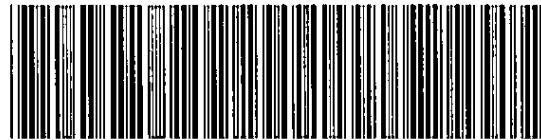
(Business Entity Name)

(Document Number)

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911 SFH, LLC,
Articles of Organization

BY THESE ARTICLES OF ORGANIZATION the undersigned Manager forms a Limited Liability Company for profit under Florida law.


1. NAME. The name of this Limited Liability Company is 911 SFH, LLC.

2. REGISTERED AGENT, OFFICE AND SIGNATURE. The initial registered agent for this Limited Liability Company is Maximiliano R. Garcia and the initial registered office is located at 3066 Northwest 15 Street, Miami, FL 33125.

CONSENT OF REGISTERED AGENT

HAVING BEEN NAMED as a registered agent for this Limited Liability Company at the registered office designated in the foregoing articles of this Limited Liability Company, the undersigned accepts the designation.

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 as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the property and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 605, F.S.


Maximiliano R. Garcia, Registered Agent

3. PRINCIPAL AND MAILING ADDRESS. The Principal address of the Limited Liability Company is: 3066 Northwest 15 Street, Miami, FL 33125.

4. MANAGER(S) OR MANAGING MEMBER(S). The name and street address of each Manager/Managing Member(s):

Maximiliano R. Garcia
Manager-Member
3066 Northwest 15 Street, Miami, FL 33125

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5. REQUIRED LIMITED LIABILITY FORMATION REPRESENTATIVE. The name and street address of the representative is Maximiliano R. Garcia of 3066 Northwest 15 Street, Miami, FL 33125.

Dated on the September 9, 2021.

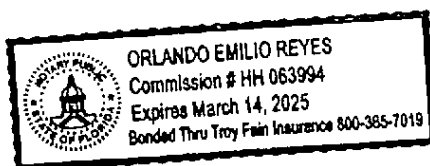

Maximiliano R. Garcia

STATE OF FLORIDA
COUNTY OF MIAMI DADE

The foregoing was acknowledged before me by physical presence this September 9, 2021 by Maximiliano R. Garcia who is personally known to me or who provided Florida Driver's License as sufficient proof of identification.


Name _____
Notary Public, State of Florida

My Commission Expires:



This document is executed in accordance with §605.0203(1)(b) Florida Statute. 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 §817.15, F.S.

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