Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6381

From:

Account Name : HTG UNITED, LLC Account Number : I20190000994 Phone

: (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. **

alendah Ca

FLORIDA LIMITED LIABILITY CO. HTG SUNSET LAKE, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | |
|---|---------------------------|-----------------------|---|-------------|
| The name of the Limited Liability | y Company is: | | | |
| | | | | |
| HTG Sunset Lake, LI | LC | | | |
| (Must contz | in the words "Limited | Liability Com | pany, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street ad | ldress of the principal o | office of the Li | mited Liability Company is: | |
| _ | | | | |
| <u>Principa</u> | d Office Address: | | Mailing Addres | <u>ıs:</u> |
| 3225 Aviation Ave | | | 3225 Aviation Ave | |
| 6th Floor | : | | 6th Floor | |
| Coconut Grove, FL 3 | 3133 | | Coconut Grove, FL 33133 | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | cannot serve as its own | Registered A | Agent's Signature: gent. You must designate an indiv | |
| The name and the Florida street a | ddress of the registere | d agent are: | | 2021 |
| | Matthew A Rieger, J | PA | | |
| | | Name | | · · |
| | 3225 Aviation Ave. | 6th Floor | | |
| | Florida street addres | ss (P.O. Box <u>N</u> | OT acceptable) | |
| | Coconut Grove | FL | 33133 | TO BASE |
| | City | State | Zip | 를로 않 |
| | | | | · |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | HTG Sunset Lake Manager, LLC |
| | 3225 Aviation Ave., 6th Floor |
| | Coconut Grove, FL 33133 US |
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| Use attachment if necessary) | |
| • | |
| EV: Effective date, if other than the detired date is listed, the date must be | late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
| EV: Effective date, if other than the detive date is listed, the date must be falling.) the date inserted in this block does not ent's effective date on the Department. EVI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. |
| ctive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department of the Dep | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. |
| EV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not ent's effective date on the Department. EVI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. |
| EV: Effective date, if other than the decive date is listed, the date must be filling.) The date inserted in this block does not bent's effective date on the Department of the Utility of the date provisions, if any. Signature of This document is expected at the provision of the date of the da | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. |
| EV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not be determined in the Department's effective date on the Department's effetive date on the Department's effective date on the Department's effetive date on the Department's effetive date on the Departmen | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. suited in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S. |

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)

ARTICLE IV-