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CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 179781 8322602				
AUTHORIZATION: Spelle Rear				
COST LIMIT: \$ 160.00				
ORDER DATE : October 29, 2021				
·				
ORDER TIME: 2:09 PM				
ORDER NO. : 179781-015				
CUSTOMER NO: 8322602				
DOMESTIC FILING				
NAME: CATHEDRAL LAKES COMMUNITIES, LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX CERTIFIED COPY				
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker - EXT.				

EXAMINER'S INITIALS: _

COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJEC	CATHEDRAL LAKES CO	MMUNITIES, LLC				
SOLULO	T: Na	me of Limited Liabil	ity Company			
The encl	osed Articles of Organization and	I fee(s) are submitted	for filing.			
Please re	tum all correspondence concerni	ng this matter to the f	ollowing:			
	Carlos E. Gonzalez					
		Name of	Person			
	AHS Residential, LLC					
Firm/Company						
	12895 SW 132nd Street					
		Addr	ess			
	Miami, FL 33186					
	cmerino@ahsresidential.com	1.5.5.	1	 		
	E-mail address: (t	o de used for future a	nnual report notificat	ion)		
For further	information concerning this mat	ter, please call:				
	Carlos E. Gonzalez	305 at (255-5527			
	Name of Person	Area Code	Daytime Telephon	e Number		
Enclosed	is a check for the following amo					
□\$125.0	00 Filing Fee	Status Certific	5.00 Filing Fee & ed Copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address			
	New Filing Section		New Filing Section Di			
	Division of Corporation P.O. Box 6327		The Centre of Tallaha 2415 N. Monroe Stree			
	Tallahassee, FL 32314		Tallahassee, FL 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liab	ility Company is:				
CATHEDRALLA	AKES COMMUNITIES.	LIC			
			W. I. C. 7 W. I. C. 7)		
(Musi co	onatin the words "Limited	a Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and stree	t address of the principal	office of the Lir	nited Liability Company is:		
<u>Princ</u>	cipal Office Address:		Mailing Address:		
12895 SW 132nd	St		12895 SW 132nd St		
Miami, FL 33186			Miami, FL 33186		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	iny cannot serve as its ow	m Registered Ag	Agent's Signature: ent. You must designate an individual or		
The name and the Florida stre	_	·			
	Corporation Service Company				
Name					
	1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		

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

City

By Exercise Company

By Exercise Company

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Ernesto Lopes 12895 SW 132nd St Miami, FL 33186
AR	Carlos E. Gonzalez 12895 SW 132nd St Miami, FL 33186
AR	Osvaldo J. Marchante 12895 SW 132nd St Miami, FL 33186
AR	Ricardo Blass 12895 SW 132nd St Miami, FL 33186
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	The state of the s
Signature of a n	nember or an authorized representative of a member.
This document is exec I am aware that any fal	suted in accordance with section 605.0203 (1) (b), Florida Statutes. Is see information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Carlos E. Gonz	alez 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)