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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 215023 8322602 AUTHORIZATION : \$ 960-00 COST LIMIT : ORDER DATE: November 9, 2021 ORDER TIME : 9:19 AM ORDER NO. : 215023-005 CUSTOMER NO: 8322602 DOMESTIC FILING NAME: COMMUNITIES OF MARVIDA LANDS, LLC EFFECTIVE DATE: ___ ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP __ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ___ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

__ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

COVER LETTER

	w Filing Section vision of Corporations				
SUBJECT:	Communities of Mary	vida Lands, L	LC		
		Name of I	imited Liabili	у Сотрапу	
The enclose	d Articles of Organization	on and fee(s)	are submitted	for filing.	
Please return	all correspondence con	cerning this	matter to the fo	ollowing:	
	Carlos E. Gonzalez				
-	<u> </u>		Name of I	Person	
	AHS Residential, LLC				
-	· · · · · · · · · · · · · · · · · · ·		Firm/Con	пралу	
	12895 SW 132nd St				
_		<u> </u>	Addre	58	
i	Miami, FL 33186				
cı	merino@ahsresidential.o	com	City/State and	Zip Code	
_			ed for future ar	лиаl report notificati	on)
For further inf	ormation concerning thi	s matter, plea	ase call:		
(Carlos E. Gonzalez		305	255-5527	
-	Name of Person			Daytime Telephone	e Number
Enclosed is a	check for the following	amount:			
□\$125.00 F		O Filing Fee o	Certifie	.00 Filing Fee & d Copy copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	T 2	treet Address Vew Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	ssec et, Suite 810

FILED

PA 4: 44

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL	MY COMPANY 2021 NOV 10 PM 4: LIE	
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY FORSTATE	
Communities of Marvida Lands, LLC		
(Must conatin the words "Limited Liability Company, "L.L.C.	.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit Principal Office Address:	ty Company is: Mailing Address:	
12895 SW 132nd St 12895 SW 1	132nd St	
Miami, FL 33186 Miami, FL 3	Miami, FL 33186	
Whath, 7 E 33160		

The name and the Florida street address of the registered agent are:

Corporation Service	Company	
-	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
City	State	Zip

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.. Corporation Service Company

lexus Weiland, assistant va president

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>		Name and Address:	
	Authorized Member		
"MGR" = N	1anager		
<u>MGR</u>		Ernesto Lopes	
		12895 SW 132nd St	
		Miami, FL 33186	
			2021 HOV
<u>AR</u>		Carlos E. Gonzalez	
		12895 SW 132nd St Miami, FL 33186	
		171mm, 1 C 55160	
			5 6
AR		Osvaldo J. Marchante	
		12895 SW 132nd St Miami, FL 33186	
		Midnit, FD 33180	STAT
			그를 누
AR		Ricardo Blas	
		12895 SW 132nd St	
		Miami, FL 33186	
the date of filing.) Note: If the date inse		pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date of State's records.	·
ARTICLE VI: Other	provisions, if any.		
			
		- Urt	
REOUIREI	SIGNATURE:		
	Signature of a me	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida	
	This document is execu	ited in accordance with section 605.0203 (1) (b), Florida	Statutes.
	I am aware that any fals	e information submitted in a document to the Department	t of State
	constitutes a third degre	e felony as provided for in s.817.155, F.S.	
	Carlos E. Gonza	lez	
		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)