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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Fax Number

: (855)498-5500 : (800)432-3622

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FLORIDA LIMITED LIABILITY CO. 1111 HOLDINGS PARTNERS LLC

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M. MOON

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TO:	New Filing Sec Division of Co	ction	VER LETT	ER	TALLAHAS	2021 DEC 17 AM 2: LT	FILED
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SUBJEC		lings Partners LLC				FFS N	
		Name of Lir	mited Liabili	ty Company			
						7	
The enc	losed Articles of	f Organization and fee(s) ar	e submitted	for filing.			
Please re	cturn all corresp	ondence concerning this m	atter to the fe	ollowing:			
	John Lago						
			Name of	Person		_	
			112120				
	1111 Holdir	igs Partners LLC					
			Firm/Co	npany		_	
	10820 SW 2	200th Drive Ste Ofc					
		<u> </u>	Addre			_	
			Addie	:35			
	Miami, FL	33157					
			City/State and	l Zip Code	-	-	
	bcamejo@pa	groupre.com					
		E-mail address: (to be used	for future a	nnual report notificat	ion)	_	
For furthe	r information co	ncerning this matter, pleas	e call:				
	John Lago	3(at (05	253-8225			
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Enclosed	l is a check for t	he following amount:					
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee &	□\$160.00 Filing Fee		
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New Filing Section Division
The Centre of Tallahassee

ARTICLESOI	FORGANIZATION FOR	FLORIDALIMITED	LIABILITY COMPANY	ALC
ARTICLE I - Name:				至行
The name of the Limited Liability	ty Company is:			ASSI
1111 Holdings Partn	ers LLC			نياتا
	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	FLIC
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	Office of the Limited	Liability Company is:	LORIDA
Princip	al Office Address:		Mailing Address:	
10820 SW 200th Dri	ive	1082	20 SW 200th Drive	
Ste Ofc		Ste	Ofc	
Miami, FL 33157		Mia	mi, FL 33157	
The name and the Florida street	Moris & Associates	d agent are:		
	3650 NW 82nd Ave Florida street addres		nantable)	
	riorius succi addres	8 (F.O. DOX <u>:1011</u> 8	ссерівіліс)	
	Doral	FL	33166	
	City	State	Zip	
Having been named as registered or place designated in this certificate, further agree to comply with the po am familiar with and accept the ob	. I hereby accept the app rovisions of all statutes r	cointment as registere relating to the proper	ed agent and agree to act in this i and complete performance of m	capacity. I y duties, and I

(CONTINUED)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 88

The name and address of each person i	•	.cm.trunturo. Lide
Citle: AMBR" = Authorized Member MGR" = Manager	Name and Address:	- L O X
MGR	John Lago	י ד
	10820 SW 200th Drive Ste Ofc	
	Miami, FL 33157	
V: Effective date, if other than the dat	te of filing:	NAL)
tive date is listed, the date must be sifiling.) the date inserted in this block does not ent's effective date on the Departmen	te of filing:	or to or 90
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) he date inserted in this block does not ent's effective date on the Departmen	pecific and cannot be more than five business days pri- meet the applicable statutory filing requirements, this di	or to or 90
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V: Effective date, if other than the dat tive date is listed, the date must be s filling.) the date inserted in this block does not ent's effective date on the Departmen VI: Other provisions, if any. EQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this did of State's records.	or to or 90
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