below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

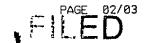
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |  |  |
|-------|----------|--|--|--|--|--|
|       |          |  |  |  |  |  |

## FLORIDA LIMITED LIABILITY CO. INITIUM AT PINES LLC

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

2022 JAN 13 PM 2: 30



2022 JAN 13 PH 2: 30

SECRETARY OF STATE TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A Thomas   |   |  |  |  |  |
|--|---|--|--|--|--|
| ARTICLE I - Name: The name of the Limited Links  | ·   |  |  |  |  |
| The name of the Limited Liability Company is:  |   |  |  |  |  |
| Initium at Pines LLC   |   |  |  |  |  |
| ARTICLE II - Addmiss   |   |  |  |  |  |
| The mailing address and street address of the principal office of Company is:  | the Limited Liability                           |  |  |  |  |
| 13380 SW 131 St  |   |  |  |  |  |
| Miami 7 33186  |   |  |  |  |  |
| Unit 114   |   |  |  |  |  |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent a Company cannot serve as its own Registered Agent. You must designate an individual or anoth with an active Florida registration.) | Are: (The Limite: Liability per business entity |  |  |  |  |
| Rosemarie Diaz Caro  |   |  |  |  |  |
| 13,380 SW 131 St - Unit 114  |   |  |  |  |  |
| Mami Pl 33186  |   |  |  |  |  |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)   |   |  |  |  |  |
| Rosemarie Diaz Caro (AMI   | 3R)   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |

## Required Signatures:

or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depastment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 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..

Registered Agent's Signature (REQUIRED)