Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000061579 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Phone Fax Number

: (305)328-4774

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

11	Address:			
-mail	COULTES.			

# FLORIDA LIMITED LIABILITY CO. TOWNHOUSES AT THE GROVE LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

FEB 17 2022

FILED

From: Yanet Avila

ICLES OF ORGANIZATION 22 FEB 16 PM 1: 32

ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE TALESHASSEE, PLORID:

## TOWNHOUSES AT THE GROVE LLC

### **ARTICLE I**

The name of the limited liability company is TOWNHOUSES AT THE GROVE LLC

#### ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

770 Claughton Island Dr. Suite CU-1 Miami, FL 33131

### ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

### **ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

CECILIA MATEO SOSA 770 Claughton Island Dr. Suite CU-1 Miami, FL 33131

Having been named as the 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.

Date: 2/14/2022

Registered Agent's Signature

## **ARTICLE V**

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

Title:

Name and Address:

Manager

JOSE R. SOSA 770 Claughton Island Dr.

Suite CU-1 Miami, FL 33131

ALEJANDRO QUINTANILLA MACIAS

770 Claugton Island Dr.

Suite CU-1 Miami, FL 33131

In accordance with section 605.0203(I)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Signee:

1772

ALEJANDRO QUINTANILLA MACIAS

SEGRETARY OF STATE