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(Requestor's Name)	
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PICK-UP		MAIL
(Business Entity Name)	
(Document Number)	
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Account#: 12000000088

Date:	02/23/2022	
Name:	Chris Vick	_
Reference #	1602719	_
Entity Name		ESTATE INVESTMENTS, LLC
Article	es of Incorporation/Authorization	to Transact Business
🗌 Amen	dment	
Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
🗌 Merge	er	
Disso	lution/Withdrawal	
E Fictitio	ous Name	
Other_		
Authorized A Signature:	mount \$125.00	

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©EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGSITERED IN ENGLAND & WALES. HEGSITE - 60:07/2 6 LLOYDS AVE, UNIT 4CL E ONDON FC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG UMIED COMPANY UNIT B, UF, UPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Hatillana Real Estate Investments, LLC

(Must contain 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 Liability Company is:

Principal (Office_	Address:
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Mailing Address:

2022 FEB 23 PH 12: 5

FN

One Alhambra Plaza Suite 1410 Coral Gables, FL 33134 One Alhambra Plaza Suite 1410 Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Somerset Corporate Services, Inc. Name		
l Alhambra Piaza Su	uite_1410	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Coral Gables	FL	33134
Citv	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..

Registered regimes Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Mario D'Alfonso 1 Alhambra Plaza Suite 1410 Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:	
	[

Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carlos I. Aguilar

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)