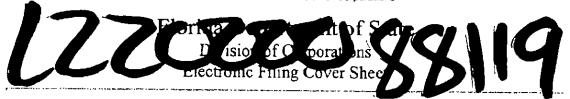
3/2/22, 2:49 PM

Division of Corporations



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.

(((H22000080392 3)))



H220000803923ABC-

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 : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email	Address:	_	
CMGIT	Address:		

## FLORIDA LIMITED LIABILITY CO. **GREEN PAR HOMES 836 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liab				
GREEN PAR HO	MES 836 LLC			
(Must c	ontain the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	t address of the principa	l office of the Limited	Liability Company is:	
<u>Prin</u>	Principal Office Address:		Mailing Address:	
5600 SW 135 AVE SUITE 196R				
		560	0 SW 135 AVE SUITE 106R	
MIAMI, FL 3318  ARTICLE III - Registered / The Limited Liability Compa	Agent, Registered Officiany cannot serve as its over	ML  e, & Registered Age vn Registered Agent.	AML, FL 33183	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its over in active Florida registrate et address of the register	e, & Registered Age vn Registered Agent. tion.) red agent are:	AMI, FL 33183 nt's Signature: You must designate an individual	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its over in active Florida registrate et address of the register	e, & Registered Age vn Registered Agent. tion.) ed agent are: . REGISTERED AG	AMI, FL 33183 nt's Signature: You must designate an individual	
MIAMI, FL 3318  ARTICLE III - Registered A	Agent, Registered Office iny cannot serve as its oven active Florida registrate et address of the register	e, & Registered Age vn Registered Agent. tion.) ed agent are: REGISTERED AGI	AMI, FL 33183 nt's Signature: You must designate an individual	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its oven active Florida registral et address of the register WEST KENDALL	e, & Registered Age vn Registered Agent. tion.) ed agent are: REGISTERED AGI Name	AMI, FL 33183  nt's Signature: You must designate an individual  ENT INC	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its oven active Florida registral et address of the register WEST KENDALL	e, & Registered Age vn Registered Agent. tion.) ed agent are: REGISTERED AGI	AMI, FL 33183  nt's Signature: You must designate an individual  ENT INC	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its oven active Florida registral et address of the register WEST KENDALL	e, & Registered Age vn Registered Agent. tion.) ed agent are: REGISTERED AGI Name	AMI, FL 33183  nt's Signature: You must designate an individual  ENT INC	

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.

West Kendall Registered Agenta Anc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DIAZ-SARMIENTO, GABRIEL S.
<del></del>	5600 SW 135 AVE SUTTE 106R
	MIAMI, FL 33183
MGR	VIITAAD VUALITIA PAAGE
	KUZMAR KHALILIA , SAMIR 5600 SW 135 AVE SUITE 106R
	MIAM I, FL 33183
_MGR	FARID RADI SAGBINI
	5600 SW 135 AVE SUITE 106R
•	MIAM I, FL 33183
(Use attachment if necessary)	
CLEV: Effective date, if other than the	e date of filing: (OPTIONAL)
effective date is listed, the date must i	be specific and cannot be more than five business days prior to or 90 da
te of filing.)	
If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be
cument's effective date on the Departs	ment of State's records.
CLE VI: Other provisions, if any.	
the property of the control of the c	

constitutes a third degree felony as provided for in s.817.155, F.S.

GABRIEL S. DIAZ-SARMIENTO - MGR

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

## 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)

MIZMARSSEE FLORIDS