22000/07378

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Consisting of the contract of |
| Special Instructions to Filing Officer: |
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Office Use Only



900383725889

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE : 552012 8322602 |
| AUTHORIZATION: Spellele man |
| COST LIMIT : \$ 160.00 |
| ORDER DATE: March 15, 2022 |
| ORDER TIME : 2:40 PM |
| ORDER NO. : 552012-005 |
| CUSTOMER NO: 8322602 |
| |
| DOMESTIC FILING |
| NAME: ORCHID LANDINGS LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| |
| XX CERTIFIED COPY PLAIN STAMPED COPY |
| XX CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Alexxis Weiland - EXT. |
| EXAMINER'S INITIALS: |

COVER LETTER

| | New Filing Sec Division of Co | | | | |
|-----------------------|----------------------------------|---|-----------------------|--|---|
| SUBJEC | | ndings, LLC | | | |
| 3020 | •• | Name o | Limited Lis | ability Company | |
| The enclo | sed Articles of | Organization and fee(| s) are submi | tted for filing. | |
| Please ret | urn all correspo | ondence concerning thi | s matter to t | he following: | |
| | Carlos E. Go | onzalcz | | | |
| | | | Name | e of Person | |
| | AHS Reside | ntial, LLC | | | |
| | | | Firm | /Company | |
| | 12895 SW 1 | 32nd St | | | |
| | | | A | ddress | |
| | Miami, FL 3 | 3186 | | | |
| | cmerino@ahs | sresidential.com | City/State | e and Zip Code | |
| | | | used for futu | re annual report notificat | tion) |
| For further | information co | ncerning this matter, p | lease call: | | |
| | Carlos E. Go | | 305 t (| 255-5527 | |
| | Nam | e of Person | Area Cod | | |
| Enclosed | is a check for t | he following amount: | | | |
| | 0 Filing F ee | □\$130.00 Filing Fe Certificate of Status | Ce. | \$155.00 Filing Fee & rtified Copy ional copy is enclosed) | ■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Division | ng Address iling Section on of Corporations tox 6327 | | Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre | assee |
| Tallahassee, FL 32314 | | | Tallahassee, FL 32303 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|----------------------|--|
| The name of the Limited Liability Company is: | 2022 HAR 15 PM 1: 28 | |
| Orchid Landings, LLC | - BETARY OF CTATE | |
| (Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.") | IALL AHASSEE, FL | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the principal office of the Limited Liability Company is | 5: | |
| Principal Office Address: Mailing A | Address; | |

12895 SW 132nd St

Miami, FL 33186

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:

12895 SW 132nd St

Miami, FL 33186

Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 City 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.. Corporation Service Company

Cleans Weighed, assistant va present Registered Agent's Signature (REQUIRED)

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| (OPTIONAL) | |
| d cannot be more than five business days prior to or 90 day | ys after |
| annlicable statutory filing requirements, this date will not be | licted ac |
| s records. | nated as |
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| | applicable statutory filing requirements, this date will not be |

Filing Fees:

Typed or printed name of signee

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.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Carlos E. Gonzalez

Florida LLC

Attachment for Entity: Orchid Landings, LLC add Thiago Caixeta and Fabrizio Batista.

See below for Authorized Person(s) Detail:

| <u>Title</u> | Name and Address |
|--------------|--|
| AR | Thiago Caixeta |
| | 12895 SW 132 nd St., Miami FL 33186 |
| AR | Fabrizio Batista |
| | 12895 SW 132 nd St., Miami FL 33186 |

