L22000126926

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Entry Hame)
<u> </u>
(Document Number)
Certified Copies Certificates of Status
Constitution to Filips Office
Special Instructions to Filing Officer:
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<u> </u>			
LOT 131 REUNIO	N PH2 LLC		
		<u></u>	
			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
<u> </u>			Ficitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In		Jp	Courier

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Lot 131 Reunion Ph2 LLC			
SUBJEC		Limited Liabil	ity Company	
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.	
Please ret	urn all correspondence concerning this	matter to the f	ollowing:	
	Mimi Bared			
		Name of	Person	
	Bared and Associates, PA			
		Firm/Co	mpany	
	201 Alhambra Circle, Suite 501			
		Addr	ess	
	Coral Gables, FL 33134			
	mimi@baredlaw.com	City/State and	d Zip Code	
	E-mail address: (to be us	ed for future a	nnual report notifica	tion)
For further	information concerning this matter, ple	ase call:		
	Mimi Bared at (305	666-6010	
	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & od Copy Il copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314) [(Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Fallahassee, FL 3236	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	'n	CI	I.F.	i - '	Nα	me:

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, , 21 41.0 #	ability Company is:			7477 HAR 28 AM 9:5
Lot 131 Reunio	n PH2 LLC			\$7 mm.
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	STATE WIASSEL. PL
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Add	ress:
4725 W Sand L. Suite 200	ake Road			
Orlando, FL 328 ARTICLE III - Registered (The Limited Liability Comanother business entity with	d Agent, Registered Office, pany cannot serve as its own an active Florida registration and address of the registere	n Registered Agent. ' on.) d agent are:		ndividua) or
Orlando, FL 328 ARTICLE III - Registered (The Limited Liability Comanother business entity with	d Agent, Registered Office, pany cannot serve as its own n an active Florida registration	n Registered Agent. ' on.) d agent are:		ndividual or
Orlando, FL 328 ARTICLE III - Registered (The Limited Liability Comanother business entity with	d Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere Pablo R. Bared, Esqual 201 Alhambra Circle	n Registered Agent. (on.) d agent are: Name e, Suite 501	You must designate an in	ndividua) or
Orlando, FL 328 ARTICLE III - Registered (The Limited Liability Comanother business entity with	d Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere Pablo R. Bared, Esqual 201 Alhambra Circle	n Registered Agent. (on.) d agent are: Name	You must designate an in	ndividua) or

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.

> /s/ Pablo R. Bared Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

	uthorized Member	Name and Address:	
"MGR" = Ma	inager	Turis A. Phone	
MGR		Luis A. Flores 4725 W Sand Lake Rd Suite 200	
		Orlando, FL 32819	
		Onando, 1 D J2019	
		-	
 			
(Use attachme	ent if necessary)		
CLE V: Effective effective date is let of filing.) If the date insert	e date, if other than the date of listed, the date must be spe- ted in this block does not m	of filing:	•
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Security (Optional)

5 5.00 Certificate of Status (Optional)