

L22000191267

(Requestor's Name)

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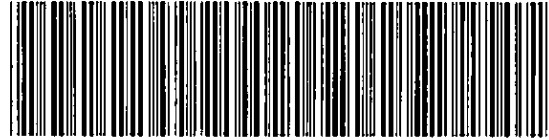
(Business Entity Name)

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LLC

1. LIGIA INES 1737 LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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**SECRETARY OF STATE
TALLAHASSEE, FL**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIGIA INES 1737, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1381 NW 144 AVENUE

PEMBROKE PINES, FL 33028

Mailing Address:

1381 NW 144 AVENUE

PEMBROKE PINES, FL 33028

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

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

ELSA P MCNULTY

1381 NW 144 AVENUE

PEMBROKE PINES, FL 33028

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.

/S/ELSA P. MCNULTY

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

PADAMA INVESTMENTS, LLC
9000 SHERIDAN ST, SUITE 138
PEMBROKE PINES, FL 33024

MGR

ELSA P. MCNULTY
1381 NW 144 AVENUE
PEMBROKE PINES, FL 33028

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 5, 2022.

REQUIRED SIGNATURE:

/S/ELSA P. MCNULTY

Signature of a member or 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.

ELSA P. MCNULTY

Typed or printed name of signee



SECRETARY OF STATE
TALLAHASSEE, FL

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