# 42000/95781

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 670437 7437312 AUTHORIZATION : ( COST LIMIT : ORDER DATE: May 11, 2022 ORDER TIME : 2:44 PM ORDER NO. : 670437-005 CUSTOMER NO: 7437312 DOMESTIC FILING NAME: ANDES STR FLR REALTY, LLC EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CERTIFIED COPY
PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

# COVER LETTER

TO:	New Filing Se Division of C							
SUBJE		R FLR Realty, LLC						
30001	~ · · · · · · · · · · · · · · · · · · ·	Name of Lir	mited Liability	у Сотрану				
The encl	losed Articles o	f Organization and fee(s) ar	e submitted fo	or filing.				
Please re	eturn all corres <sub>i</sub>	ondence concerning this m	atter to the foi	llowing:				
	Kim C. Boo	oker						
			Name of P	erson	<del></del>			
	Booker & A	associates, P.A.						
			Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·			
	1019 Town	1019 Town Center Drive, Suite 201						
		Address						
	Orange City	Orange City, Florida 32763						
		C	ity/State and	Zip Code				
		E-mail address: (to be used	for future and	ual report notificat	ion)			
For further	information co	ncerning this matter, please	call:					
	386	77 at (		6552				
	Nan			Daytime Telephon	e Number			
Enclosed	is a check for t	he following amount:						
		□\$130.00 Filing Fee & Certificate of Status	Certified	0 Filing Fee & Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		g Address		reet Address				

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2022 MAY 11 AM 11: 36

SECRETARY OF STATE TALLAHASSEE, FL

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Andes STR FLR Realty, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

	Principal Office Address:		Mailing Address:	
Park Hill Pla	ce	Con	Comisky & Associates	
830 North Jo	hn Young Parkway	1770	1776 Hammock Drive	
Kissimmee,	Florida 34741	Ferr	Fernandina Beach, Florida 32034	
The Limited Liability C nother business entity	Company cannot serve as its own with an active Florida registration as street address of the registered	n Registered Agent.  On.)  d agent are:	You must designate an individual	
The Limited Liability C nother business entity	Company cannot serve as its own with an active Florida registration	n Registered Agent.  on.)  d agent are:  s, P.A.		
The Limited Liability C nother business entity	Company cannot serve as its own with an active Florida registration as street address of the registered	n Registered Agent.  On.)  d agent are:		
The Limited Liability Canother business entity	Company cannot serve as its own with an active Florida registration as street address of the registered	n Registered Agent.  on.)  d agent are:  s, P.A.  Name		
(The Limited Liability Canother business entity	Company cannot serve as its own with an active Florida registration a street address of the registered Booker & Associates	n Registered Agent. on.) d agent are: s, P.A. Name	You must designate an individual	
another business entity	Company cannot serve as its own with an active Florida registration a street address of the registered Booker & Associates 1019 Town Center D	n Registered Agent. on.) d agent are: s, P.A. Name	You must designate an individual	

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 Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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	
MGR	Andes STR FL, LLC
HOK	S305 Hallowell Ct.
	Austin, Texas 78724
MGR	Roberto Luis Barros Park Hll Place, 850 North John Young Parkway
	Kissimmee, Florida 34741
	<u> </u>
	m <sub>s</sub>
(Use attachment if necessary)	SEE. FL
(	
RTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
date of filing.)	pecific and cannot be more than five business days prior to or 90 days afte meet the applicable statutory filing requirements, this date will not be listed to f State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execu I am aware that any fais	ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
Kim C. Booker.	Attorney at Law
rem e. booker.	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)