

Florida Department of State  
Division of Corporations  
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**U2200019507344824**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.  
Account Number : I20120000083  
Phone : (305)593-0829  
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REGISTRARS  
COMMERCIAL  
DIVISION

FLORIDA LIMITED LIABILITY CO.  
THE HOFFMANN GROUP REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Division of Corporations  
TALLAHASSEE, FL 32309

2022 JUN -3 PM 12:40

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

THE HOFFMANN GROUP REAL ESTATE LLC

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

## ARTICLE II - Address:

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

Principal Office Address:3301 NE 5TH AVE APT PH 3  
MIAMI, FL 33137Mailing Address:3301 NE 5TH AVE APT PH 3  
MIAMI, FL 33137

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LUIS A. HOFFMANN

Name

3301 NE 5TH AVE APT PH 3Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL

State

33137

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.

Luis Hoffmann

Luis Hoffmann (Jun 3, 2022 15:11 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COUNTY OF DADE  
TALLAHASSEE, FL 32302

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**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

LUIS A. HOFFMANN

3301 NE 5TH AVE APT PH 3

MIAMI, FL 33137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Luis Hoffmann

Luis Hoffmann (Jun 13, 2022 15:11 EDT)

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.

LUIS A. HOFFMANN

Typed or printed name of signer

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2022 JUN -3 PM 12:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399