

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FLORIDA LIMITED LIABILITY CO. ONE HOUSE INVESTMENTS LLC

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Help

COVER LETTER

ON THE CORD	ONE HOUSE INVESTMENTS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	GLADYS SOTO OJEDA	
•	Name of Person	
	ONE HOUSE INVESTMENTS LLC	
•	Firm/Company	
	13706 SW 55 ST	
·	Address	
	MIAMI, FL 33175	
	City/State and Zip Code INFO@MODERNSOLUTIONSGROUP.NET	
	E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
· ·	GLADYS SOTO OJEDA 786 972-1293	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$125.00 File	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	8 9 <u>≔</u>
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301	UL 11 PM12: 35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

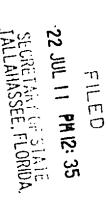
	ONE HOUSE INV	/ESTMENTS LL	С
(Must cont	ain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal offi	ice of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
13706 SW 55 ST		1370	06 SW 55 ST
			,
The Limited Liability Company	cannot serve as its own R	Registered Ager	MI, FL 33175
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own R active Florida registration.	Registered Ager (egistered Agent.	MI, FL 33175
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ARTICLE III - Registered Ag	y cannot serve as its own R active Florida registration. address of the registered a GLADYS SOTO OJEI	Registered Ager legistered Agent. \(\) gent are: DA Name	MI, FL 33175 at's Signature: You must designate an individua

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..

GLADYS SOTO OJEDA

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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

Tit		-	Name and Address:			
	ABR" = Authorized M GR" = Manager	ember				
MG	-		GLADYS SOTO OJEDA			
1112			13706 SW 55 ST			
			MIAMI, FL 33175			
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(Us	e attachment if necess	ary)				
,		<i>37</i>				
ARTICLE V The purpose	I: Other provisions, if	ty Company is to engage	in any lawful activity for which a Limited	Liability		
RE	<u>OUIRED</u> SIGNATU:		SOTO OJEDA			
	This docu I am awar	ment is executed in accore that any false information	n authorized representative of a member rdance with section 605.0203 (1) (b), Flori on submitted in a document to the Departn provided for in s.817.155, F.S.	ida Statutes.		
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			and Designation of Registered Agent	SS:		=
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