Laa00030928

| | _ |
|---|---|
| (Requestor's Name) | |
| | |
| (Address) | |
| | |
| (Address) | |
| (11041035) | |
| | |
| (City/State/Zip/Phone #) | |
| <u>_</u> | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (ousiness Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
| · | |
| | |
| Special Instructions to Filing Officer. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u> </u> | |

Office Use Only



900390965669

S. CHATHAM

JUL 13 2022

2022 JUL 13 PM 3: 55

RECEIVED



'FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| FHR16 Properties, LLC | <u>0</u> |
|-------------------------------------|-------------------------------|
| BUSINESS | DOCUMENT # |
| Walk in | Pick up time |
| Mail out | Will wait |
| Photocopy | |
| Certified Copy of Articles of Incor | poration |
| Certificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| Profit | Amendment |
| Not for Profit | Resignation of R.A. Officer/I |
| _X_Limited Liability | Change of Registered A |
| Domestication | Dissolution/Withdrawal |
| Other | Merger |
| CORP | Conversion |
| | Revocation |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual Report | _ Foreign filing |
| | Limited Partnership |
| Fictitious Name | Reinstatement |
| APOSTILLE () _ | Other |
| APOSTILLE ()Country | Other |

22 MM 13 PH 5: 48

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| BUSINESS | DOCUMENT # |
|-------------------------------------|--|
| | |
| Walk in | Pick up time |
| Mail out | Will wait |
| Photocopy | |
| Certified Copy of Articles of Incom | rporation |
| Certificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| Profit | Amendment |
| Not for Profit | Resignation of R.A. Officer/Di |
| _XLimited Liability | Change of Registered Ag Dissolution/Withdrawal |
| Domestication Other | Merger |
| CORP | Conversion |
| CORI | Revocation |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual Report | _ Foreign filing |
| | Limited Partnership Reinstatement |
| Fictitious Name | |

COVER LETTER

| | iling Section on of Corporations |
|-------------------------|---|
| FH SUBJECT: | IR16 Properties, LLC |
| 50 DOLC 11 | Name of Limited Liability Company |
| The enclosed Ar | ticles of Organization and fee(s) are submitted for filing. |
| Please return all | correspondence concerning this matter to the following: |
| Mic | hael M. Bajalia, Esq. |
| | Name of Person |
| Baja | lia Law Office, P.A. |
| | Firm/Company |
| 115 | 2 Lake Mead Avenue, Suite 301 |
| | Address |
| Jack | sonville, FL 32256 |
| | City/State and Zip Code |
| mbaja | dia@bajalialawoffice.com |
| | E-mail address: (to be used for future annual report notification) |
| For further inform | ation concerning this matter, please call: |
| Mich | ael M. Bajalia 904 352-1121 at () |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is a ch | eck for the following amount: |
| ≡ \$125.00 Filin | g Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| FHR16 Propertie | | Lilla C | out the company of th |
|---|--|--|--|
| (Must | contain the words "Limited Lia | ibility Company, 1 | "L.L.C., or "LLC.) |
| ARTICLE II - Address: The mailing address and str | eet address of the principal offi | ce of the Limited | Liability Company is: |
| <u>Pri</u> | ncipal Office Address: | | Mailing Address: |
| ******* | ane #602 | 2950 | Halevon Lane #602 |
| 2950 Haleyon L | | | |
| ATICLE III - Registered The Limited Liability Composite business entity with | 32223 Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. | Registered Agent. Y | ot's Signature: You must designate an individual or |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Commother business entity with | 32223 I Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. reet address of the registered a | Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Agent Segistered Segist | it's Signature: |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Commother business entity with | 32223 I Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. reet address of the registered a | Registered Agent. Y | it's Signature: |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Commother business entity with | 32223 I Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. reet address of the registered a | Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Agent Are: | it's Signature: |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Commother business entity with | 32223 I Agent, Registered Office, & pany cannot serve as its own R in an active Florida registration. Treet address of the registered a great Joe J. Hassan | Registered Agen egistered Agent. Y gent are: Name | nt's Signature: You must designate an individual or |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Commother business entity with | 32223 I Agent, Registered Office, & pany cannot serve as its own R in an active Florida registration. Treet address of the registered a grown Joe J. Hassan 2950 Halevon Lane #60 | Registered Agen egistered Agent. Y gent are: Name | nt's Signature: You must designate an individual or |

(CONTINUED)

Registered-Agent's Signature (REQUIRED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authori | Name and Address: ized Member | |
|--|---|--|
| "MGR" = Manager | | |
| <u>MGR</u> | JOE J. HASSAN | |
| | 2950 HALCYON LANE #602 JACKSONVILLE, FL 32223 | |
| | JACKSONVILLE, PL 52225 | |
| MGR | OMAR S. FARHAT | |
| | 4828 BLANDING BLVD SUITE 1 | |
| | JACKSONVILLE, FL 32210 | |
| MGR | LAWRENCE D. ROLLINGS | |
| | 500 OSCEOLA AVENUE | |
| | JACKSONVILLE BEACH, FL 32250 | |
| | | |
| | | |
| | | |
| | | |
| (If an effective date is listed, the date of filing.) <u>Note:</u> If the date inserted in | this block does not meet the applicable statutory filing requirements, this date will not be listed to on the Department of State's records. | |
| ARTICLE VI: Other provision | ons, if any. | |
| | | |
| | | |
| REQUIRED SIGN | VATURE: | |
| REQUIRED SIGN | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| Thi I ar | Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, m aware that any false information submitted in a document to the Department of State | |
| Thi I ar | Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. | |
| Thi I ar | Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, m aware that any false information submitted in a document to the Department of State | |

as

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)