

8/17/22, 9:08 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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## To:

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

## From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.  
Account Number : 104076000124  
Phone : (305)476-7100  
Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

## FLORIDA LIMITED LIABILITY CO.

## Absolute Housing, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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D. O'KEEFE

AUG 18 2022

**ARTICLES OF ORGANIZATION**

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

**ARTICLE I- NAME:** The name of the Florida limited liability company is:  
**ABSOLUTE HOUSING, LLC.**

**ARTICLE II- ADDRESS:** The principal and mailing address of the limited liability company is: 755 Crandon Blvd Key Biscayne FL 33149

**ARTICLE III- PURPOSE:** The limited liability company shall any and all lawful purposes and members and managers may consider from time to time.

**ARTICLE IV- REGISTERED AGENT:** The name and address of the registered agent of the limited liability company is:  
TRANSWORLD BUSINESS MANAGEMENT, LLC  
2555 Ponce de Leon Blvd., Suite 600  
Coral Gables FL 33134

**ARTICLE V- MANAGERS:** The name and address of person(s) authorized to manage the limited liability company:

Manager- ORTEGA, Juan  
Manager- GASPAS, Jose

All managers shall have this address: 755 Crandon Blvd Key Biscayne FL 33149

**ARTICLE VIII- AUTHORIZED REPRESENTATIVE:** The name and address of  
Authorized Representative is:  
TRANSWORLD BUSINESS MANAGEMENT, LLC  
2555 Ponce de Leon Blvd Suite 600  
Coral Gables FL 33134

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. 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.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

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