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Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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2022 SEP -2 PH 4:53

FLORIDA LIMITED LIABILITY CO.  
Legacy at Blue Lagoon, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

22 SEP -2 PM 12:35

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy at Blue Lagoon, 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:

7810 SW 84 Court  
Miami, FL 33143

Mailing Address:

7810 SW 84 Court  
Miami, FL 33143

ARTICLE III - Registered Agent, Registered Office, & 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.)

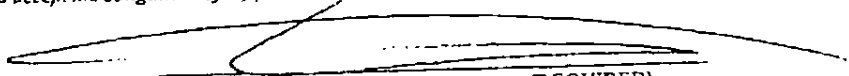
The name and the Florida street address of the registered agent are:

Peterson, Baldo, & Maranges, PLLC  
Name

8000 SW 17 Avenue, Ste. 206  
Florida street address (P.O. Box **NOT** acceptable)

Miami                      FL                      33183  
City                          State                      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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR \_\_\_\_\_

Maria Don  
7810 SW 84 Court  
Miami, FL 33143

\_\_\_\_\_  
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(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:**

\_\_\_\_\_  
*(Handwritten signature)*

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.

Maria Don  
Typed or printed name of signer

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