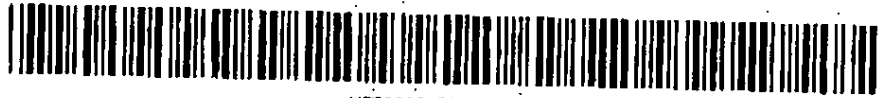


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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((H22000310307 3)))



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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
IHKB INVESTMENTS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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LAZARUS
CORPORATE
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

IHKB INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

200 OCEAN LANE DR. UNIT 1206

200 OCEAN LANE DR. UNIT 1206

KEY BISCAYNE, FL. 33149

KEY BISCAYNE, FL. 33149

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:

CRISTINA M PINZON

Name

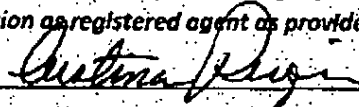
200 OCEAN LANE DR. UNIT 1206

Florida street address (P.O. Box NOT acceptable)

KEY BISCAYNE FL 33149

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 provide for in chapter 605, F.S.

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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

CRISTINA M PINZON

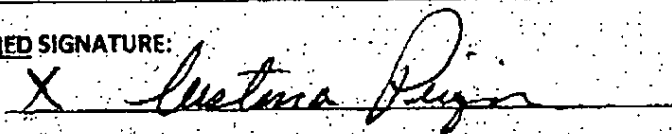
200 OCEAN LANE DR UNIT 1206

KEY BISCAYNE, FL 33149

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X 

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.

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OF MIAMI-DADE COUNTY
FLORIDA