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	(Requesto	r's Name)		
	(Address)			
	,			
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	(City/State	/Zip/Phone	#)	
PICK-UP		WAIT		MAIL
		_	-	_
	(Business	Entity Name	€)	
	(Documen	t Number)		
Certified Copies		Certificates	of Status	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/15/2022	_		<i>⇔WALK I</i> N*
ENTITY NAME 10 COL	ırt Hialeah LLC		
DOCUMENT NUMBER	· · · · · · · · · · · · · · · · · · ·		
	PLEASE FILE TH	HE ATTACHED AND RETURN	
XXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: 1201600000	72
Please call Tina at i	the above number for	any issues or concerns. Thank you	so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u></u>		Haleah LLC		
(Must cont	tain the words "Limited Liab	lity Company, "L.L.C.," or '	'LLC.")	
TICLE II - Address: mailing address and street a	ddress of the principal office	of the Limited Liability Cor	npany is:	
<u>Princip</u>	al Office Address:	<u>M</u>	ailing Address:	
5030 Ivory Stone Dr	ive	5030 Ivory Stone	Drive	
Wimauma, Florida 3		Wimauma, Florid	n 33598	
Limited Liability Company or business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age	istered Agent. You must des nt are: C. Kotler	e:	ZZ SEP 1
e Limited Liability Company ther business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age Yoseph No. 5030 1	istered Agent. You must des nt are: C. Kotler me rory Stone Drive	e:	22 SEP 15
TICLE III - Registered Age Limited Liability Company ther business entity with an ename and the Florida street	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age Yoseph No. 5030 1	nt are: C. Kotler me rory Stone Drive O. Box NOT acceptable)	e:	ZZ SEP 1

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager 5 (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.

REOUIRED SIGNATURE:

/s/ Yoseph C. Kotler

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.

Yoseph C. Kotter
Typed or printed name of signee

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)