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(Red	questor's Name)	-	
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

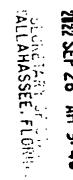
Office Use Only



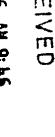
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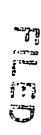
Carrier Land

09/28/22--01004--006 **130.00



SECRETARY OF STATE





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
HIPNOS PROPERTY	LLC		
(Must contain	n the words "Limited L	iability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	ress of the principal of	fice of the Limited	Liability Company is:
	c. em		Mailing Address:
Principal	Office Address:		Maning Address.
9066 SW 73RD CT			6 SW 73RD CT
APT 1709	157		Г 1709 AMI, FLORIDA 33156
MIAMI, FLORIDA 33	156	.VII	AWII, FLORIDA 55150
another business entity with an act	tive Florida registratior	n.) agent are:	You must designate an individual or
	7500 NW 25th ST Su	ite 237	
Florida street address (P.O. Box NOT acceptable)			
	Doral, Florida 33122		
	City	State	Zip
place designated in this certificate, I further agree to comply with the pro	hereby accept the appo visions of all statutes re gations of my position a	intment as register lating to the prope us registered agent	ne above stated limited liability company at the red agent and agree to act in this capacity. I or and complete performance of my duties, and as provided for in Chapter 605, F.S

(CONTINUED)

FILED

2022 SEP 26 AM 1:23

SECRETARY OF STATE
TALLAHASSEE, FL

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	
-	JULIANA VERGARA-ĜAVIRIA
MGRM	9066 SW 73RD CT APT 1709
,	MIAMI, FLORIDA 33156
MGRM	CAMILO J. BUELVAS-RICARDO
	9066 SW 73RD CT APT 1709 MIAMI, FLORIDA 33156
·	
(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 sp	ecific and cannot be more than five business days prior to or 90 days afte
he date of filing.)	
	neet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Department	of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
~ <i>50//0</i> 00	alagaay 👱 😆
	7
Cianatura of a ma	ember or an authorized representative of a member.
This document is execu	ited in accordance with section 605.0203 (1) (b). Florida Stagges. 💆 🕝 🛲
I am aware that any falso	e information submitted in a document to the Department 💽 State 🔀 🔠 🧗
constitutes a third degre	e terony as provided for in story reserved.
<u></u>	Fri 7: 25
	Typed or printed name of signed

\$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent