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Division of Corporations

Florida Department of State  
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To:

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

From:

Account Name : ADRIAN TAX SERVICES INC.  
 Account Number : I2022000042  
 Phone : (786)370-2432  
 Fax Number : (305)266-5758

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

Email Address: vigovigocpa@aol.com

FLORIDA LIMITED LIABILITY CO.  
 TWIN PROPERTIES 26 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

C  
M

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TWIN PROPERTIES 26 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:5141 DONATELLO ST  
MIAMI, FL 33146Mailing Address:5141 DONATELLO ST  
MIAMI, FL 33146

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

MICHAEL MARTINEZ

Name

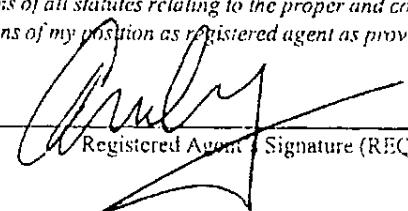
5141 DONATELLO STFlorida street address (P.O. Box NOT acceptable)MIAMIFL33146

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    Signature (REQUIRED)

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