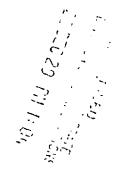
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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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pecial Instructions to Filing Officer:	
Office Lice C	I.



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S. CHATHAM
JAN-3 2023





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500					
ACCOUNT NO. : I2000000195					
REFERENCE : 296650 4327683					
AUTHORIZATION: Trellible man					
COST LIMIT : \$ 125.00					
ORDER DATE : December 29, 2022					
ORDER TIME : 2:0 PM					
ORDER NO. : 296650-005					
CUSTOMER NO: 4327683					
DOMESTIC FILING					
NAME: MARTINEZ ALVAREZ REAL ESTATE ACQUISITIONS, LLC					
ACQUISITIONS, ELC					
EFFECTIVE DATE:					
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER'S INITIALS: _____

COVER LETTER

	rw Filing S vision of C	ertion arporations				
Martinez Alvarez Real Estate Acquisitions, LLC						
Name of Limited Liability Company						
The enclose	ed Articles	s of Organization and fee(s) are submitted for filing				
Please retur	n all corres	pondence concerning this	matter to the fe	ollowing		
	Jeremy M	Musella, Esq				
			Name of	Person		
	Forchelli !	сеgan Тегтала LLP				
	Firm/Company					
	333 Earle Ovington Blvd , Suite 1010					
			Addre	:ss		
	Uniondale	NY 11553				
			City/State and	l Zip Code		
<u>j</u>	muselia@f	orchellilaw com	10.0	1		
		E-mail address (to be us		mual report nonlicati	on)	
For further in	iformation (oncerning this matter, ple	ase call.			
	Jeremy M	Musella, Esq at :	516	812-6330 		
•	Na	me of Person		Daytime Telephone	: Number	
Enclosed is	a check for	the following amount				
≘\$125 00 ì	Filing Fee	□\$130 00 Filing Fee Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	New Divi P O	ing Address Filing Section tion of Corporations Box 6327 hassee, FL 32314	7 1 2	Street Address New Filing Section Div The Centre of Tallaha: 415 N. Monroe Stree fallahassee, FL 32303	ssee t, Suite 810	
	T	•		-		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	pany is.					
Martinez Alvarez Real Est						
(Must constin the words "Limited Liability Company, "L L C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street addres	s of the principal offic	ce of the Limited L	iability Company is			
Principal O	Tice Address:		Mailing Address:	! -		
1201 Portofino Way		1201	Portofino Way			
Champions Gate, FL 338	96		pions Gate, FL 33896	i ;		
	Frank Martinez Name 1201 Portofino Way Florida street address (P.O. Box NOT acceptable)			:		
	Champions Gate	FL	33896			
Ī	City	State	Zip			
 place designated in this certificate, \(\begin{align*} if the place of the	hereby accept the approxions of all statutes regations of my position of the By	untment as registere lating to the proper		1		

(CONTINUED)

Name and Address: "AMBR" = Authorized Member "MGR" = Manager Frank Martinez AMBR 1201 Portofino Way Champions Gate, FL 33896 (Use attachment if necessary) _ (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: January 1, 2023 (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: 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. Frank Martinez Typed or printed name of signee Filing Fees: \$125.00 Filing Hee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability Company

ARTICLE IV-