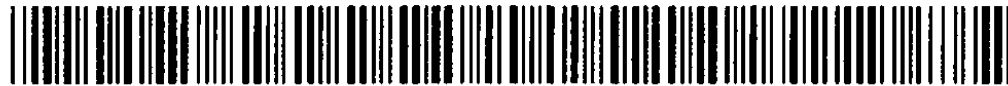


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: ACORREA9@HOTMAIL.COM

23 JAN 27 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
7062 Snowy Canyon Dr 110 LLC**

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

2023 JAN 27 PM 4:49

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

7062 Snowy Canyon Dr 110 LLC

(Must end with 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:**Mailing Address:**94 Horsetail Court
Saint Augustine, FL 3209594 Horsetail Court
Saint Augustine, FL 32095**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:

Alexander Correa

Name

94 Horsetail CourtFlorida street address (P.O. Box **NOT** acceptable)Saint AugustineFL 32095

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S..

DocuSigned by:

Alexander Correa

7327E9D2D8D246E

Registered Agent's Signature (REQUIRED)

Alexander Correa

(CONTINUED)

23 JAN 27 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRAMBRABR**Name and Address:**Alexander Correa94 Horsetail CourtSaint Augustine, FL 32095Fabiola Davila92 Roeckel AvenueValley Stream, NY 11580Carlos A. Correa92 Roeckel AvenueValley Stream, NY 11580

(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 specific and cannot be more than five business days prior to or 90 days the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:

Alexander Correa

7327E902C80248E...

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Alexander Correa

Typed or printed name of signer

23 JAN 27 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL 32301