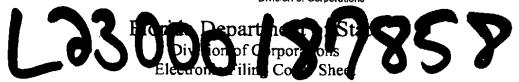
Division of Corporations



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(((H23000139647 3)))



H230001396473ABC2

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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FLORIDA LIMITED LIABILITY CO. GHEE MANAGER II LLC

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COVER LETTER

	vision of Co					
SUBJECT	Ghee Man	ager II LLC				
SCHILCT.			of Lin	nited Liabili	ty Company	
The enclose	ed Articles of	Organization and fo	ee(s) ar	e submitted	for filing.	
Please retur	n all correspo	ondence concerning	this ma	itter to the f	ollowing:	
	Matthew Gr	eenfield				
	**			Name of	Person	
	Caldera Law	PLLC				
	-	<u> </u>		Firm/Co	трапу	
	7293 NW Se	econd Avenue				
				Addr	- <u> </u>	
	Miami, Flor	ida 33150				
_	man@caldera	. law	С	ity/State an	d Zip Code	
		·	ne used	for future a	nnual report notificati	ion)
For further in		ncerning this matter			•	
	Benjamin W	olkov	78 at (36	321-3811	
-	Nam	e of Person		rea Code	Daytime Telephon	e Number
Englaced is	a chack for t	he following amoun	••			
☐\$125.00		■\$130.00 Filing Certificate of Sta	Fee &	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section			Street Address New Filing Section Di	ivision
	Divisio	on of Corporations			The Centre of Tallaha 2415 N. Monroe Stre	Assoc
		ox 6327 assec, FL 32314			2415 N. Monroe Stre Tallahassee, FL 3230	•

H23000139647 3

AKTICLE	SUFORGANIZATION FOR		
ARTICLE I - Name: The name of the Limited Lia	shility Company is:		
The hanc of the Emilied Lia	ionity Company is.		
Ghee Manager II	I LLC		
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal of	office of the Limited	Liability Company is:
<u>Prir</u>	ncipal Office Address:		Mailing Address:
540 West Ave		540	West Ave
JAU WEST AVE			
Apartment #191	3	Apai	rtment #1913
Apartment #191 Miami Beach, Pl	L 33139	Miar	mi Beach, FL 33139
Apartment #1913 Miami Beach, Fl ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	Mian & Registered Agent. Yon.) diagent are:	mi Beach, FL 33139
Apartment #1913 Miami Beach, Fl ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered	Mian Mian & Registered Agent. Non.)	mi Beach, FL 33139 at's Signature:
Apartment #1913 Miami Beach, Fl ARTICLE III - Registered (The Limited Liability Companother business entity with	L 33139 Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered Caldera Law PLIC 7293 NW Second A	Mian & Registered Agent. Yon.) diagent are: Name	mi Beach, FL 33139 nt's Signature: You must designate an individual or
Apartment #1913 Miami Beach, Fl ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered Caldera Law PLLC	Mian & Registered Agent. Yon.) diagent are: Name	mi Beach, FL 33139 nt's Signature: You must designate an individual or
Apartment #1917 Miami Beach, FI ARTICLE III - Registered	L 33139 Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered Caldera Law PLIC 7293 NW Second A	Mian & Registered Agent. Yon.) diagent are: Name	mi Beach, FL 33139 nt's Signature: You must designate an individual or

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..

(CONTINUED)

Matthew Greenfield

Registered Reent's Signature (REQUIRED)

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. . . .

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR/MGR	Mohamed Alkassar 540 West Ave, Apartment #1913 Miami Beach, FL 33139
AMBR/MGR	Niven Patel 540 West Ave. Apartment #1913 Miami Beach, FL 33139
	
(Use attachment if necessary)	
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Department.	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be rtment of State's records.
LE V: Effective date, if other than to ffective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Department of	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be rement of State's records.
CLE V: Effective date, if other than to ffective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective date	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than to ffective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective date	es not meet the applicable statutory filing requirements, this date will not be rement of State's records. Mohamed Alkassa of a member or an authorized representative of a member. I executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State in degree felony as provided for in s.817.155, F.S.