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5/1/23, 3 48 PM



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To:

Division of Corporations

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From:

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Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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 				<u></u>
FLORIDA	LIMITED	LIABIL	ITY CO.	

LAFITE HOME INVESTOR, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE II - Address:

The name of the Limited Liability Company is:

Lafite Florie Investor, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "Ll.C.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
6141 W Suburban De.	Lafite Home Investor, LLC
Miami, FL 33156	Miami, FL 33156

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:

Georgina Blanco, P.	A	
	Name	
10261 Sunset Dr., S	uite C-101	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33173
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..

Georgina Blanco
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" - Manager			
MGR	Bruna Meancy 6141 W Suburban Dr. Miami, FL 33156		
(Use attachment if necessary)			
If an effective date is listed, the date must be he date of filing.)	date of filing: May 1st, 2023 (OPTIONAL) especific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.		
Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State		
Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert a may aware that any first document and the series of the	member or an authorized representative of a member.		

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE