Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019
Phone : (305)552-5973
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FLORIDA LIMITED LIABILITY CO. GROVE MM LLC

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$130.00

2023 JUN -6 AM 10: 41
SECRICIANY OF PROBING

783 JUN -6 PM 4: 12

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Corporate Filing Menu

Help

DocuSign Envelope ID: 927B5314-D389-446E-8DBA-9D7A85260158

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
Grove MM LLC			W 7 7 7 113			
(Must cont	ain the words "Limited L	iability Company.	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:			
Princip	al Office Address:		Mailing Addre	<u>:s 5</u> :		
1111 Brickell Avenu	E		Brickell Avenue			
10th Floor			Floor			
Miami, FL 33131		Miai	mi, FL 33131			
another business entity with an The name and the Florida street		agent are:		SE. FALI	2023	
		, vanie		<u>></u>	\equiv	1
	1390 S. Dixie Hwy, Su	ite 1309		A	₹	
	Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)		တု	
	Coral Gables	FL	33146	in e	≥	П
	City	State	Zip	£1.0	AH 10	
Having been named as registered place designated in this certificat further agree to comply with the pam familiar with and accept the c	e, I hereby accept the app provisions of all statutes r phligations of my position	continent as registered at registered agent as registered agent	rea agent and agree to uct er and complete performan	or of my duties.	•	
		(CONTRIBUTED				

(CONTINUED)

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litle:		Name and Address:	
AMBR" = Authori	ed Member		
MGR" = Manager			
_		Mauricio Magana	_
MGR		Mauricio Magana 1111 Brickell Avenue, 10th Floor	
		Miami, FL 33131	
		•	
			
			_ .
			
more of the	is - short short short day	te of filing: (OFTIONAl pecific and cannot be more than five business days prior	(L) to or 90 da
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E V: Effective date ective date is listed of filling.) the date inserted inment's effective date.	this block does not to on the Department ons, if any.	t meet the applicable statutory filing requirements, this date of State's records.	e will not be
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