

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 : (718)569-2703 Phone Fax Number : (718)504-7890

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

hazel@interstatefilings.com Email Address:

FLORIDA LIMITED LIABILITY CO. THOMPSON & PRINCE REALTY LLC

| Certificate of Status | . 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

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Mailing Address:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Thompson & Prince Realty LLC

Principal Office Address:

(Must contain 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:

| 842 NE 96 Street | <u>\$42 NE 96 Street</u> | |
|----------------------|--|---|
| Miami, Florida 33138 | Miami, Florida 33138 | _ |
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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.

| <u>Vi</u> vian Jaime | | |
|-----------------------|----------------------------|----------|
| | Name | |
| 842 NE 96 Street | | |
| Florida street addres | s (P.O. Box <u>NOT</u> acc | eptable} |
| Miami | Florida | 33138 |
| City | State | Zip |

Having been named as registered again 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 diaties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 AUG 24 AM 8: 27

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| "MGR" = Manager | Name and Address: |
|--|---|
| tition intrinction | |
| AMBR | Vivian Jaime |
| | 842 NE 96 Street Miami, Florida 33138 |
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)