

# L23000415731

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

From:  
Account Name : HTG UNITED, LLC  
Account Number : I20190000094  
Phone : (305)860-8188  
Fax Number : (305)639-8427

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

Email Address: glendab@htgf.com

**FLORIDA LIMITED LIABILITY CO.**

**HTG Signature Member, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECTIONS  
TWO  
FILES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HTG Signature Member, LLC

(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:

Principal Office Address:

3225 Aviation Avenue, 6th Floor,  
Coconut Grove, Florida, 33133

Mailing Address:

3225 Aviation Avenue, 6th Floor,  
Coconut Grove, Florida, 33133

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:

MATTHEW RIEGER, P.A.

Name

3225 Aviation Avenue 6th Floor

Florida street address (P.O. Box **NOT** acceptable)

Coconut Grove

Florida

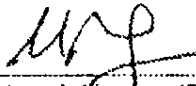
33133

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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IN AND FOR THE COUNTY OF DADE  
FLORIDA

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR .....

Rieger, Matthew A.  
3225 Aviation Avenue, 6th Floor  
Coconut Grove, FL 33133

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(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 after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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\_\_\_\_\_

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