L23000470746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:





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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

_{ENTITY NAME} OCEA	N OAKS 296 HOMES 2023 LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
······································	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	TION
NUMBER OF CERTIFICA	ATES REQUESTED
TOTAL OWED \$ 125.0	ACCOUNT # 120160000072 4: C)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	lity Company is:			
	Ocean Oaks	s 296 Homes 2	023 LLC	
(Must co	ntain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Li	mited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Ac	ldress:
250 Catalonia Ave Coral Gables, FL 3			250 Catalonia Ave, STE 80 Coral Gables, FL 33134	01
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	ny cannot serve as its own n active Florida registration	n Registered Apon.)		individual or
	Crasqu	i Investments,	Inc.	
		Name		
		italonia Ave, S		
	Florida street addres	is (P.O. Box <u>N</u>	OT acceptable)	
	Coral Gables	FL	33134	
	City	State	Zip	
laving been named as registere lace designated in this certifica arther agree to comply with the m familiar with and accept the	te, I hereby accept the app provisions of all statutes r	ointment as reg clating to the p	gistered agent and agree to a roper and complete perform	et in this capacity. I ance of my duties, and I
	/s/ N	Maria Dolor	es Nardi	
	Regist	ered Agent's S	ignature (REQUIRED)	_
		(CONTINU	TED)	

2824

<u>:</u>-

ARTICLE IV-

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

"MGR" = Ma <u>MGR</u>	uthorized Member nager	
	nage:	
		Crasqui Investments, Inc.
		250 Catalonia Ave, STE 801
		Coral Gables, FL 33134
		· —————
(Use attachme	nt if necessary)	
TICLE V: Effective	date, if other than the date of	filing: (OPTIONAL)
in effective date is l date of filing.) te: If the date inser	isted, the date must be speci ed in this block does not me to date on the Department of	ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a
nn effective date is ledate of filing.) te: If the date inserdocument's effective TICLE VI: Other process.	isted, the date must be speci ed in this block does not me to date on the Department of	ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a
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an effective date is led date of filing.) te: If the date inser document's effective TICLE VI: Other processing the content of	ed in this block does not med date on the Department of ovisions, if any. SIGNATURE: /s/ Mar Signature of a mem This document is executed 1 am aware that any false in	ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a
an effective date is led date of filing.) te: If the date inser document's effective TICLE VI: Other processing the content of	ed in this block does not med date on the Department of ovisions, if any. SIGNATURE: /s/ Mar Signature of a mem This document is executed 1 am aware that any false in	ria Dolores Nardi ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)