

L24000109124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

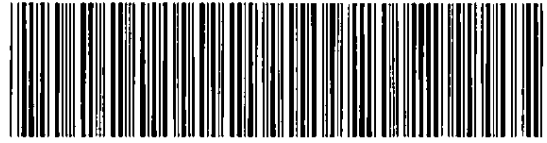
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500424014275

RECEIVED

2024 MAR -6 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 . . . . . P. 5:55

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DR  
TALLAHASSEE, FL 32309  
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** 

**BUSINESS NAME**                      **DOCUMENT #**

House 8811 LLC

Certified Copy  
 Certificate of Status

**NEW FILINGS**

Profit Corp  
 Not for Profit  
 **Limited Liability**  
 Domestication  
 LLLP  
 CORP  
 Other  
 Other

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Revocation of Dissolution  
 Merger  
 Articles of Conversion  
 Restated Articles of Incorporation  
 Statement of Authority

**OTHER FILINGS**

Apostille  
 Country  
 Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
 Reinstatement  
 Qualification  
 Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DR  
TALLAHASSEE, FL 32309  
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** 

**BUSINESS NAME**                      **DOCUMENT #**

House 8811 LLC

- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability**
- Domestication
- LLLP
- CORP
- Other
- Other

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Restated Articles of Incorporation
- Statement of Authority

**OTHER FILINGS**

- Apostille
- Country
- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- Foreign Filing
- Reinstatement
- Qualification
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: House 8811 LLC**  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ye Zhang  
\_\_\_\_\_  
Name of Person

Ivy Accounting Tax & Advisory  
\_\_\_\_\_  
Firm/Company

14738 SW 23rd St  
\_\_\_\_\_  
Address

Miami, FL, 33185  
\_\_\_\_\_  
City/State and Zip Code

confirmation@ivy-cpa.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ye Zhang                                      786                                      227-6928  
\_\_\_\_\_  
Name of Person                                      Area Code                                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

House 8811 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:

Mailing Address:

16939 SW 16th St  
Pembroke Pines, FL 33027

16939 SW 16th St  
Pembroke Pines, FL 33027

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:

Qi Feng Dong

Name

16939 SW 16th St

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

<u>Pembroke Pines</u>	<u>FL</u>	<u>33027</u>
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..*

Qi Feng Dong

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

AMBR

Dong, Qi Feng  
16939 SW 16th St  
Pembroke Pines, FL 33027

AMBR

Zhang, Ming Tong  
16939 SW 16th St  
Pembroke Pines, FL 33027

AMBR

Lin, Cui Ping  
16939 SW 16th St  
Pembroke Pines, FL 33027

\_\_\_\_\_

\_\_\_\_\_

(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.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Qi Feng Dong*

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Qi Feng Dong  
Typed or printed name of signee

**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)

2024 MAR 11 PM 5:35