

**L24000133030**

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

From: Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (305)931-0433  
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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: paul@feldmanclosings.com

**FLORIDA LIMITED LIABILITY CO.  
Hamptons West 1008, LLC**

Certificate of Status	0
Certified Copy	0
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**FILED**  
2024 MAR 21 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAR 21 AM 9:03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 MAR 21 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FL

Hamptons West 1008, 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:

20281 E Country Club Dr., Unit 1008  
Aventura, FL 33180

20281 E Country Club Dr., Unit 1008  
Aventura, FL 33180

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:

Paul Feldman, Esq.

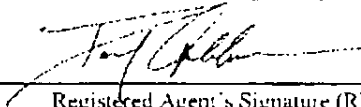
N/A

2750 NE 185th Street, Suite 203

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

<u>Aventura</u>	<u>FL</u>	<u>33180</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

*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 ~~his~~ 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~~ **Chapter** 605, FS*

  
\_\_\_\_\_  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR.....

Sarah Jouda

20281 E Country Club Dr., Unit 1008

Aventura, FL 33180

(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:**

*T. J. [Signature]*

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.

PAUL FELDMAN, ESQ.

Typed or printed name of signer