

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000113215 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email:	Address:			
CINGTI	AUGI CSS.			

FLORIDA LIMITED LIABILITY CO. HAS GROVE ISLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help



From: Yanet Avila

DocuSign Envelope ID: FA4D2969-7EB5-427B-977E-5DF5FE381D9E

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAS GROVE ISLE, 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:

Malling Address:

2549 NW 96 ST	2549 NW 96 ST
Miami, FL 33122	Miami, FL 33122
•	

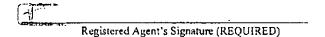
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Humberto Aleman		
	Name	
2549 NW 96 ST		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33122
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a: 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..



(CONTINUED)

DocuSign Envelope ID: FA4D2969-7EB5-427B-977E-5DF5FE381D9E

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Humberto Aleman 2549 N.W. 96 ST	
	Miami, FL 33122	
(Use attachment if necessary)		
ctive date is listed, the date must be sp f filing.)	c of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90 or	
ective date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not	
ective date is listed, the date must be sp if filing.) the date inserted in this block does not a nent's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not	
ective date is listed, the date must be sp f filing.) the date inserted in this block does not a ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 cannot the applicable statutory filing requirements, this date will not of State's records.	
ective date is listed, the date must be sp f filing.) the date inserted in this block does not a next's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGN PARTITIES: 442235FE977454	pecific and cannot be more than five business days prior to or 90 cannot the applicable statutory filing requirements, this date will not of State's records.	
retive date is listed, the date must be sp filling.) the date inserted in this block does not a neat's effective date on the Department E. VI: Other provisions, if any. REQUIRED SIGN PROVIDED: Signature of a me This document is execut I am aware that any false.	pecific and cannot be more than five business days prior to or 90 cannot the applicable statutory filing requirements, this date will not of State's records.	
retive date is listed, the date must be sp if filing.) the date inserted in this block does not a ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGN PROVIDED Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. tended in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.	be list
retive date is listed, the date must be spif filing.) the date inserted in this block does not a ment's effective date on the Department E. VI.: Other provisions, if any. REQUIRED SIGN PROVIDED Signature of a ment of the degree of the deg	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	be list
retive date is listed, the date must be sp filling.) the date inserted in this block does not a nearl's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed a may false constitutes a third degree Humberto Alema \$125.00 Filling Fee for Articles of Organical and the search of the search o	ember or an authorized representative of a member. tended in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.	Photos Ist
retive date is listed, the date must be sp filling.) the date inserted in this block does not a nearly effective date on the Department E. VI: Other provisions, if any. REQUIRED SIGN STATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree Humberto Alema	ember or an authorized representative of a member. tend in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	be list