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i PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer

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CORPORATE

When you need ACCESS to the world

ACCESS, _____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN	
	PICE	UP: BROOK 4/9	
xx	CERTIFIED COPY PHOTOCOPY		
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XX	FILING	LLC	
1.	ORG FAMILY PROPI		
2.	(CORPORATE NAME AND DOC	JMENT #)	
3.	(CORPORATE NAME AND DOCU	JMENT #)	
4.	(CORPORATE NAME AND DOCT	JMENT #)	
5. _	(CORPORATE NAME AND DOCU	JMENT #)	5 1
6. _	(CORPORATE NAME AND DOCU	IMENT #)	- : :::
SPECIAI INSTRUC			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
ORG Family Propertie				<u> </u>
(Must contai	n the words "Limited Li	iability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal off	ice of the Lim	ited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Addres	<u>ss</u> :
8336 BOYLA CT WINDERMERE, FL 3	34786		8336 BOYLA CT WINDERMERE, FL 34786	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own R tive Florida registration.	Registered Age	Agent's Signature: ent. You must designate an indi-	vidual or
	Corporate Creations N			
		Name		
	901.110 (12			
	801 US Highway 1 Florida street address (P.O. Box NOT acceptable)			
	North Palm Beach	FL	33408	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro- am familiar with and accept the obli	hereby accept the appoi visions of all statutes rela	ntment as regi iting to the pro	stered agent and agree to act in oper and complete performance	this capacity. I of my duties, and I
	/S/ Kristen Fundar	o		
	_	ed Agent's Sig	gnature (REQUIRED)	
		,	,	- 43

ARTICLE IV-

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

<u>Title:</u> "AMBR" =	= Authorized Member	Name and Address:		
"MGR" = 1	Manager	000		
AMBR		OR Properties Holdings LLC 8336 BOYLA CT,		
		WINDERMERE, FL 34786		
AMBR		ORG Investments 2 LLC		
		8336 BOYLA CT		
		WINDERMERE, FL 34786		
MGR		Offi Campos Guimaraes		
		8336 BOYLA CT		
		WINDERMERE, FL 34786		
(Usc-attach	ment-if-necessary)			
If an effective date he date of filing.) <u>Note:</u> If the date in:	is listed, the date must be specific a	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as e's records.		
RTICLE VI: Other	r provisions, if any.			
REQUIRE	ED SIGNATURE:			
	/S/ Kris	sten Fundaro		
	Signature of a member of This document is executed in a I am aware that any false inform	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes: nation submitted in a document to the Department of State as provided for in s.817.155, F.S.		

Kristen Fundaro

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)