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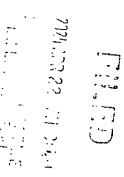
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XX	CERTIFIED COPY		
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_1	24-7 VILLA DORA	ADO CONDO, LLC	
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COVER LETTER

Division of Corporations	
SUBJECT: 124-7 Villa Dorado Condo, LLC	;
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
David Burstyn	
	ame of Person
Winston Capital Management, LLC	
Fi	rm/Company
19971 NE 39 PI	
	Address
Miami, FL 33180	tate and Zin Code
michelle@winstoncap.com	tate and Zip Code
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call	:
David Burstynat (305) <u>965-0262</u>
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & Sertified Copy ditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

124-7	' Villa Dorado Cor	ndo, LLC	
(Must conta	ain the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	ddress of the principal of	office of the Limite	d Liability Company is:
<u>Princips</u>	al Office Address:		Malling Address:
500 NW 2nd Ave		500	NW 2nd Ave
0001111 2101110			
Suite: 11777			te: 11777
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age (The Limited Liability Company	cannot serve as its own	& Registered Agent.	ımi, FL 33101
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	& Registered Agent.	ent's Signature:
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	& Registered Agent. On.) l agent are:	ent's Signature:
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered	& Registered Agent. On.) l agent are:	ent's Signature:
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered	& Registered Agent. On.) I agent are:	ent's Signature:
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered David Bursty	& Registered Agent. on.) d agent are: yn Name	ent's Signature: . You must designate an individual or
Suite: 11777 Miaml, FL 33101 ARTICLE III - Registered Age	cannot serve as its own ctive Florida registration ddress of the registered David Bursty	& Registered Agent. on.) d agent are: yn Name	ent's Signature: . You must designate an individual or

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: 24.19.2024 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED 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.		Authorized M	1ember		
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-