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| From: |                |                 |
|       | Account Name   | : CG TAX,INC.   |
|       | Account Number | ; I19990000017  |
|       | Phone          | : (305)485-9300 |

Fax Number

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

: (305)485-1098

Email Address:

# FLORIDA LIMITED LIABILITY CO. FLORIDA GETAWAY STAYS, LLC.

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

This Corporation will start operating on January 1st 2025

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

### FLORIDA GETAWAY STAYS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

#### FLORIDA GETAWAY STAYS, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

4815 SW 41<sup>ST</sup> ST UNIT 104 HOLYWOOD, FL. 33023

The mailing address shall be:

4815 SW 41<sup>ST</sup> ST UNIT 104 HOLYWOOD, FL. 33023

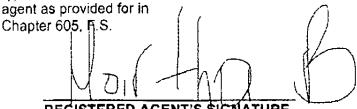
ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

#### MARTHA BELTRAN

4815 SW 41<sup>8T</sup> ST UNIT 104
Florida Street address (P.O.BOX NOT acceptable)
HOLYWOOD, FL. 33023
City, State, and 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



#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARTHA BELTRAN

4815 SW 41<sup>ST</sup> ST UNIT 104

HOLYWOOD, FL. 33023

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARTHA BELTRAN

ARTICLE V

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2025