3052201440

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.

(((H24000414060 3)))



H240004140803ABCV

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

		1
Email Address:		•
EMOTT WARLESS!		_

FLORIDA LIMITED LIABILITY CO. **HT 2024 LLC**

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words Limited Liability Company, "LLCy" or "LLC"

ARTICLES OF ORGANIZATION

HT 2024 LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

egya (j. 1904) Partistra

7662 Links Cres Dr. Orlando FL 32822 Apto 10103

ARTICLE III - Registered Agent, Registered Offices

The name and the Florida street address of the registered agent are: (The United Linbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Almeida Durán Milenny Betzai

. 7662 Links Cres Dr, Orlando FL 32822 Apto 10103

ARTICLE IV-

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

AMBR AL. HAJALI HAJALI TALEL

MGR. ALMEIDA DURÁN MILENNY ALMEIDA

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (i) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felosy as provided for in \$817:155, F.S.

Typed or printed name of signee

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

Registered Agent's Signature (REQUIRED)

State at

in Chapter 60g, F.S.

2024 DEC 17 PM 1:16