

Florida Department of State  
Division of Corporations  
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**L25000007385** **4/16/25**

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ALEJANDRO E. JORDAN, JD, P.A.  
Account Number : I20210000179  
Phone : (305)501-2836  
Fax Number : (305)723-0303

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Email Address: AJORDAN@ESQTITLE.LAW

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FLORIDA LIMITED LIABILITY CO.  
4101 NW 3RD AVE LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION OF  
4101 NW 3RD AVE LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I -Name:**

The name of the Limited Liability Company is:

**4101 NW 3RD AVE LLC**

**ARTICLE II -Address:**

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

121 Alhambra Plaza, Suite 1500  
Coral Gables, FL 33134

**ARTICLE III -Registered Agent and Registered Office**

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

ALEJANDRO E. JORDAN, JD. P.A.  
121 Alhambra Plaza, Suite 1500  
Coral Gables, FL 33134

**ARTICLE IV - Managers**

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

<u>Title</u>	<u>Name and Address</u>
Manager	JOSE MANRIQUE 121 Alhambra Plaza, Suite 1500 Coral Gables, FL 33134

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 3rd day of January 2025.

DocuSigned by:

**JOSE MANRIQUE**

Name: JOSE MANRIQUE

Title: Manager

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(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. 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 Section 817.155, F.S.)

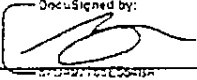
DocuSigned by  
**JOSE MANRIQUE**  
320354c78706480  
Name: JOSE MANRIQUE  
Title: Manager

#### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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. 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 Section 817.155, F.S.)

Signature of Registered Agent

DocuSigned by:  
  
By: Alejandro E. Jordan, JD, P.A.  
Title: Registered Agent

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