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15 MAR - 6 PM 1: 24

FILE) SECRETARY CESTAL DIVISION OF CORTORATIONS

C1.5/5

COVER LETTER

Division of Corporations		
SUBJECT: Vortex Real Estate Investments.		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Heather E. Waldron		
	Name of Person	
Vortex Real Estate Investments, L		
	Firm/Company	
300 S. Biscayne Blvd., Suite 1912		
	Address	
Miami, FL 33131		
	City/State and Zip Code	
HeatherEWaldron@gmail.com	ed for future annual report notifica	ution)
		eton)
For further information concerning this matter, ple	ease call:	
Heather E. Waldron at (216) 496-4582	
Name of Person	Area Code Daytime Tel	lephone Number
•		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addi	res <u>s</u>
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

FILLE SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 MAR -6 PM 1: 24

ARTICLE I - Nam

The name of the Limited Liability Company is:

Vortex Real Estate Investments, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
300 S. Biscayne Blvd. Suite 1912 Miami, FL 33131	300 S. Biscayne Blvd. Suite 1912 Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Heather E. Waldron

Name

300 S. Biscayne Blvd., Suite 1912

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33131

City

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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV-	DIVISION OF CORPORATION OF CORPORATI
The name and address of each person auti	horized to manage and control the Limited Liability Company: 15 MAR - 6 PM 1: 2
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Heather E. Waldron
	300 S. Biscayne Blvd., Suite 1912 Miami, FL 33131
	Wilattii, 1 E 33131
AMBR	Javier A. Angulo
	300 S. Biscayne Blvd., Suite 1912
	Miami, FL 33131
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	A THE COMMISSION OF THE COMMIS
TICLE V: Effective date, if other than the date of	of filing: (OPTIONAL)
an effective date is disted, the date must be spectuate of filing.)	cific and cannot be more than five business days prior to or 90 days after
aute of filling.)	
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a men	nbe authorized representative of a memoer.
(In accordance with section 605	0.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under	the penalties of perjury that the facts stated herein are true.
	nation submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Heather E. Waldron
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)