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## COVER LETTER

	ew Filing Sectivision of Cor						
SUBJECT	Crystal Lak	e Rentals 13, LLC					
SOUTE	· <del></del>	Name	of Limited Liab	oility Company			
The enclos	ed Articles of	Organization and fe	e(s) are submitte	ed for filing.			
Please retu	rn all correspo	ndence concerning	this matter to the	e following:			
	Victoria Gira	ldo					
			Name	of Person			·
	Crystal Lake	Rentals 13, LLC				ECITALITY OF THE PROPERTY OF T	ىر 2025
			Firm/C	Company			JAN 3
	22161 SW 93	2 PL				in i	- P
			Ad	dress	···	1116	
	Miami, Flori	da 33190				J. AIE	0
			City/State	and Zip Code			•
	monavicky13(	<del></del>	e used for future	annual report notificati	ion)		-
Cor forthori				amuar report normal	icii)		
ror turtner i		ncerning this matter	, piease cair:				
	Victoria Gira	ldo	305 _at (	338-8432 )			
	Name	e of Person	Area Code	Daytime Telephon	ne Number		
Enclosed is	s a check for th	ne following amoun	ı:				
	) Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & □\$ tus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Certificate Certified Co (additional co	of Status & opy	ż.
	New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet. Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Crystal Lake Rentals 13, LLC (Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ELE II - Address:	
iling address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tringipal Cring Tradityss.	
22161 SW 92 PL	22161 SW 92 PL

Victoria Giraldo
Name

22161 SW 92 PL

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

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

 Miami
 Florida
 33190

 City
 State
 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)



RT	171	E.	W
 N 1		ır.	

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

(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		
MGR and AMBR    Victoria Giraldo   22161 SW 92 PL, Miami, Florida 33190	umger	
(Use attachment if necessary)  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	AMRD V	istoria Giraldo
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	<u> </u>	2161 SW 92 PL, Miami, Florida 33190
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  ———————————————————————————————————		
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	MBR G	uillermo Giraldo
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	<u> 2</u> 2	2]6] SW 92 Pl., Miami, Florida 33190
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		
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E. V: Effective date, if other than the date of filing:	ent if necessary)	
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statu I am aware that any false information submitted in a document to the Department of Status Status Status I am aware that any false information submitted in a section 605.0203.  Victoria Giraldo		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statu I am aware that any false information submitted in a document to the Department of Scientific at third degree felony as provided for in s.817.155, F.S.  Victoria Giraldo		· ·
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statu I am aware that any false information submitted in a document to the Department of Scientific at third degree felony as provided for in s.817.155, F.S.  Victoria Giraldo	orovisions, if any.	te's records.
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	ive date on the Department of State or ovisions, if any.  2 SIGNATURE:	U full
Typed or printed name of signee	Signature of a member This document is executed in Lam aware that any false infor	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State
F.	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Filing Fees:	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon Victoria C	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon Victoria C	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Giraldo ed or printed name of signee
\$ 30.00 Certified Copy (Optional)	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon Victoria C Typ	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Giraldo ed or printed name of signee
S 5.00 Certificate of Status (Optional)	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon Victoria C Typ ling Fee for Articles of Organiza ertified Copy (Optional)	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Giraldo ed or printed name of signee
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