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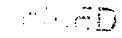
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/22/2021		##WALK II	V≠≠
ENTITY NAME 417 SIMO		WALK U	
DOCUMENT NUMBER			-
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XXXX	Plain Copy Certified Copy Certificate of Status	\$397.18 T	g/ et
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments		
	Certificate of Good Standing	· :· (·
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		-	
TOTAL OWED \$125.00	ACCOUNT #: I20160000072		
Please call Tina at th	e above number for any issues or concerns. Thank you so m	uch!	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2821 APR 22 APR 9: 48

AKTICLI	E I - Name:	
The name	of the Limited	Liability Come

DTICLEL Name Limited Liability Company is: 417 Simonton LLC (Must contain 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: 800 Market Street 800 Market Street Suite 604 Suite 604 Chattanooga, TN 37402 Chattanooga, TN 37402

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:

NRAI Services, Inc. Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation, FL 33324 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.,

Natalie Leiba-Paul - Assistant Secretary

(CONTINUED)

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

	U 4 3 4 10 10 U 4 4 1 1 1 1 4 4 1	
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	AMBR	Kimberly K. Gavin, Trustee of the Kimberly K. Gavin Revocable Trust U/A Dated 10/21/2016
		800 Market St., Ste. 604, Chattanooga, TN 37402
		\$10
	NCD	Kindada V. Coda
	MGR	Kimberly K. Gavin 800 Market St., Ste. 604
		Chattanooga, TN 37402
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)