L21000495554

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2021 NOV 19 KM11: 35

Sunshine State Corporate Compliance Company

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

DATE 11/19/2021	_		********
			₩ALK IN
NTITY NAME TRG M	ountain Creek ASM	LLC	
DOCUMENT NUMBER_			
	PLEASE FILE T	HE ATTACHED AND RETURN	
«xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Art Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: I2016000007	2
		E R FM	
Please call Tina at t	the above number for	any issues or concerns. Thank you so	o much!

COVER LETTER

то:	New Filing Section Division of Corporations
SUBJE	TRG Mountain Creek ASM LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Dylan Marma
	Name of Person
	The Requity Group
	Firm/Company
	401 E Jackson St STE 3300
	Address
	Tampa, FL 33602
	City/State and Zip Code dylan@therequitygroup.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Taylor Arbelo 813 609-9512
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

Street Address

New Filing Section Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 HOV 19 AM II: 38

TRG Mountain Creek ASM LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:401 E Jackson St STE 3300401 E Jackson St STE 3300Tampa, FL 33602Tampa, FL 33602

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:

REGISTERED AGEN	TS INC.				
1	Vame				
7901 4TH ST N STE 3	00				
Florida street address (P.O. Box NOT acceptable)					
ST. PETERSBURG	FL	33702			
City	State	7in			

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)

"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Dylan Marma		
	401 E Jackson St STE 3300 Tampa, FL 33062		
		259	
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		3	
(Use attachment if necessary)			
(If an effective date is listed, the date must be specific the date of filing.)	iling:		
		_	
		- - -	
REOUIRED SIGNATURE:		- - -	
REOUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.	- - -	

Typed or printed name of signee