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From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

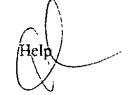
FLORIDA LIMITED LIABILITY CO.

Citrus land development holdings LLC

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| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Citrus land development holdings LLC | |
|--|--|
| (Must end with the words "Limited Liab | dity Company, "L.L.C.," or "L.L.C.") |
| CLE II - Address: ailing address and street address of the principal office | of the Limited Liability Company is. |
| | of the Limited Liability Company is. <u>Mailing Address:</u> |
| riling address and street address of the principal office | |

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

another business entity with an active Florida registration)

Registered Agent Solutions, Inc.

Name

155 Office Plaza Drive, Suite A

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

Tallahassee FL 32301

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..

Oose Mojica, Asat Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

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| | | | | |

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

| Title: | | Name and Address: | |
|----------------|--|--|-------------------------|
| | shorized Member | | |
| "MGR" = Man | | Million Dlanklar | |
| AMBR | | Philese Blackler 4465 Hylan Blyd | |
| | | Staten Island, NY 10312 | |
| | | Statest Island, (c) 10372 | |
| AMBR | | Robert Pelosi | |
| Alvigax | · | 4465 Hylan Blyd | |
| | | Staten Island, NY 10312 | |
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| (Use attachme) | ntif necessary) | | |
| | e date on the Department of | eet the applicable statutory filing requirements, this dat of State's records | e wili not be listed as |
| REQUIREDS | SIGNATURE: Verot | uica Gonzalez mber or an authorized representative of a member. | |
| | This document is execut I am aware that any false | ed in accordance with section 605 0203 (1) (b), Florida information submitted in a document to the Department felony as provided for in s.\$17.155, F.S. | Statutes t of State |
| | Veronien Gonzale | 7. | ⇒?. ≥ |
| | | Typed or printed name of signee | 022 A |
| | | Pitter, Com. | <u> </u> |

Page 2 of 2

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

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