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	(Requestor's Name)
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PIÇK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

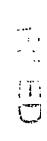
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 919656, /4727100 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE : July 20, 2021 ORDER TIME : 3:14 PM ORDER NO. : 919656-005 CUSTOMER NO: 4727100 DOMESTIC FILING NAME: ANDERSEN N8968 HOLDINGS, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

COVER LETTER

TO:

TO: New Filing Section Division of Corporations	
SUBJECT: Andersen N8968 Holdings, LLC	
Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Julia V. Taylor	
	Name of Person
Offit Kurman, P.A.	
	Firm/Company
7501 Wisconsin Ave. Suite 1000W	
	Address
Bethesda, MD 20814	
julia.taylor@offitkurman.com	City/State and Zip Code
<u> </u>	d for future annual report notification)
For further information concerning this matter, pleas	·
Julia Taylor	507 1776
at (Area Code Daytime Telephone Number
, and of voison	nea code pagame relephone ramber
Enclosed is a check for the following amount:	
■\$125.00 Filing Fee	Certified Copy (additional copy is enclosed) \$\int \begin{array}{l} \propto \\$160.00 \text{ Filing Fee.} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}\$
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Andersen N8968 Holdings, LLC

(Must conatin 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:

<u>Principal</u>	Office Address:		Mailing Address:
4900 Watersong Way			4900 Watersong Way
Fort Pierce, FL 34949			Fort Pierce, FL 34949
ARTICLE III - Registered Agen The Limited Liability Company cannother business entity with an act The name and the Florida street ad	annot serve as its own ive Florida registration	n Registered Agon.) d agent are:	Agent's Signature: ent. You must designate an individual or
		Name	
	1201 Hays Street		
	Florida street addres	ss (P.O. Box NC	T acceptable)
			21 deceptation
	Tallahassee	FL	32301

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..

Corporation Service Company

By Eylina Other

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Wayne S. Andersen 4900 Watersong Way Fort Pierce, FL 34949
	-1 C:
 	
(Use attachment if necessary)	
	* * Tak
RTICLE V: Effective date, if other than the data an effective date is listed, the date must be seedate of filing.) ote: If the date inserted in this block does not	te of filing:
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be see date of filing.) ote: If the date inserted in this block does not e document's effective date on the Departmen RTICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listent of State's records.
RTICLE V: Effective date, if other than the dat an effective date is listed, the date must be seedate of filing.) ote: If the date inserted in this block does not e document's effective date on the Departmen RTICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be see date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department and RTICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listent of State's records.

Filing Fees:

Typed or printed name of signee

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

Julia V. Taylor, Organizer

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