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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT. Athena	Propertunity Fund, L	LC	OT SEL
30BJEC1:		d Liability Company)	THE PR
			77 6
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	PA CORPORATION
· Please return all corresp	ondence concerning this matte	er to the following:	TAPR-9 PH 3: 14 SECRETARY OF STATE ALLAHASSEE, FLOW
Melissa A.			ORIGINAL S
	(	Name of Person)	$\mathcal{P}$
Incorporation	ng Services, Ltd.		
<del>.</del>		(Firm/Company)	
1540 Glen	way Dr.		
		(Address)	
Tallahasse	ee, FL 32301		
	<del></del>	/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please	call:	
Melissa		at ( ) 656-79	56
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		
<b>✓</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addra Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABI	LITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	TARY OF THE
Athena Propertunity Fund, LLC	51.14
(Must end with the words "Limited Linbility Company, "Limited Company" or their abbreviation "LL	.C," or "L,C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	ア Liability Company is:

**Mailing Address:** 

Boca Raton, FL 33431

301 Yamato Road, Suite 3198

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

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

Principal Office Address:

Boca Raton, FL 33431

301 Yamato Road, Suite 3198

business entity with an active Florida registration.)

SHL Holdings, LLC, Attn: Mr. Steven H. Levenson
Name
301 Yamato Road, Suite 3198

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

Boca Raton, FL FL 33431

City, State, and 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 608, F.S..

Acgistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:  Member
MGRM	SHL Holdings, LLC,
	301 Yamato Road, Suite 3198
	Boca Raton, FL 33431
•	
Min anathra A'C	
(Use attachment if nece	essary)
	f other than the date of filing: (OPTIONAL
TFV: Effective data if	
CLE V: Effective date, if	e date must be specific and cannot be more than five husbass down
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ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

By: Steven H. Levenson, President of SHL Holdings, LLC
Typed or printed name of signee