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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer.	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 852892 8894A
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE : July 19, 2019
ORDER TIME : 5:23 PM
ORDER TIME: 5:23 PM
ORDER NO. : 852892-010
CUSTOMER NO: 8894A
DOMESTIC FILING
NAME: PPG DIPLOMAT INVESTORS 100 LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
FYAMINED'S INTTINIS.

COVER LETTER

TO: **New Filing Section Division of Corporations** PPG Diplomat Investors 100 LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address **New Filing Section** New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the words "Limited Liabili ess of the principal office o Office Address: Ste. 500K	the Limited Liabil		ç.
Office Address:			ç.
 -		Mailing Address	ç•
Ste. 500K			2.
	<u>Miami, FL</u>	33137	
iess of the tegistered agent	arc.		
Oren Lieber, ESQ.			
Oren Lieber, ESQ.	•		
Oren Lieber, ESQ. Nam	. 500	ble)	
Oren Lieber, ESQ. Nam 2800 Biscayne Blvd., Ste Florida street address (P.O	. 500	ble) 33137	
,	not serve as its own Regist re Florida registration.)	inot serve as its own Registered Agent. You m	-

(CONTINUED)

Registered Agent's Signature (REQUIRED)

9 JUL 23 PM 2: 05

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

"AMBR" = Auth	orized Member	
"MGR" = Manag	<u>jer</u>	
MGR		Oren Lieber
		2800 Biscayne Blvd., Ste. 500
		Miami, FL 33137
		· -
		· · · · · · · · · · · · · · · · · · ·
(Use attachment	if necessary)	
fective date is liste of filing.) f the date inserted	ed, the date must be specific at in this block does not meet the	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 and applicable statutory filing requirements, this date will not
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