

L21000022100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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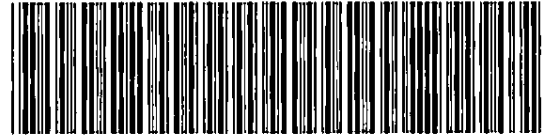
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN 25 PM 12:32



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11/26/21



Account#: 1200000000088

Entity Name: MIDNIGHT MARINE 2, LLC

- ISSUES? CALL**
David:
850-270-0082

Signature: /s/ David Shulman

• ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 2/F, 200 WING LEE STREET, COYEN
 INFINITUS PLAZA, 12/F
 199 DES VOEUX RD CENTRAL
 HONG KONG
 +852.3975.1803

ARTICLES OF ORGANIZATION OF REAL IDA LIMITED LIABILITY COMPANY

2021 JAN 25 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIDNIGHT MARINE 2, LLC

(Must contain 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:

Principal Office Address:

3333 PIEDMONT ROAD NE
SUITE 2000
ATLANTA, GA 30305

Mailing Address:

P.O. Box 52047
ATLANTA, GA 30355

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:

COGENCY GLOBAL INC.

Name

115 North Calhoun Street, Suite 4

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

Tallahassee

Florida

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..

Brian Lincoln Asst Secy

Registered Agent's Signature (REQUIRED)

COGENCY GLOBAL INC.

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ALLAN J. ZACHARIAH

PO Box 52047

ATLANTA, GA 30355

RECEIVED
STATE
TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ James R. Robinson

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAMES R. ROBINSON

Typed or printed name of signer

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)