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SECRETARY OF STATE
TALLAHASSEE, FL

20

2021 FEB 24 PM 2:04

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 677462 4312919

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : February 23, 2021

ORDER TIME : 8:20 AM

ORDER NO. : 677462-005

CUSTOMER NO: 4312919

DOMESTIC FILING

NAME: MESSINA PARK, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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**ARTICLES OF ORGANIZATION
OF
MESSINA PARK, LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the limited liability company is **MESSINA PARK, LLC** (the "Company").

ARTICLE II - Address:

The mailing address of the Company is **265 N. Joy Street, Suite 200, Corona, CA 92879** and the street address of the principal office of the Company is **431 Luna Bella Lane, New Smyrna Beach, FL 32168**.

ARTICLE III – Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company is:


**TIG Florida Investments GP, LLC
265 N. Joy Street, Suite 200
Corona, CA 92879**

ARTICLE V – Registered Agent

The name and Florida street address of the initial registered agent of the Company is:


**Corporation Service Company
1201 Hays Street
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, Florida Statutes.



Amanda Robinson, Registered Agent

REQUIRED SIGNATURE:


Thomas A. Day, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)

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TALLAHASSEE, FL