Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001896873)))



<del> </del>		vill generate anoth			<u> </u>	<u>::</u>
To:				•	•	
	Division of Co	rporations				
	Fax Number		81		;	:
From:					Ĺ	
	Account Name	: CORPORATE CH	REATIONS	INTERNAT	ONAL INC.	
	Account Number	: 110432003053	3	<del>.</del>	21,5	
	Phone	: (561)694-810	07			
	Fax Number	: (561)214-844	12			
	email address for report mailings.	r this business Enter only on	entity e email	to be use address p	d for fut lease.**	ure 5
	ddress;				d for fut lease.**	
	FLORIDA	r this business Enter only one LIMITED LIA	ВЦІТУ	CO.	d for fut lease.**	
	FLORIDA	LIMITED LIA ZARRO FARO	ВЦІТУ	CO.	d for fut lease.**	- - -
	FLORIDA EFW-PIZ	LIMITED LIA ZARRO FARO	ВЦІТУ	CO.	d for fut lease.**	C : h
	FLORIDA EFW-PIZ Certificate of Stat	LIMITED LIA ZARRO FARO	SPV, L	CO.	ed for fut lease.**	C : h
	FLORIDA EFW-PIZ	LIMITED LIA ZARRO FARO	SPV, L	CO.	d for fut lease.**	C : h

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION OF EFW-PIZARRO FARO SPV, LLC

May 11, 2021

## ARTICLE I - Name:

The name of the Limited Liability Company is: EFW-PIZARRO FARO SPV, LLC.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
1504 South Greenway Drive Coral Gables, Florida 33134	1504 South Greenway Drive Coral Gables, Florida 33134		
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:  The name and Florida street address of the registered agent are:			
Pete R. Pizarro 1504 South Greenway Drive Coral Gables, Florida 33134		1:6 KV	
ARTICLE IV – Management:		90	

The Limited Liability Company shall be manager-managed.

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.

Registered Agent's Signature

IN WITNESS WHEREOF, the undersigned Authorized Representative has signed these Articles of Organization as of the date first written above.

EFW-PIZARRO FARO SPV, LLC

Name: Pete R. Pizarro

Title: Authorized Representative