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Certified Copies	Certificate	s of Status
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2021 JUN 15 PM 4: 05

SECRETARY OF STATE TALLAHASSEE, FL 2021 JUN 15 PM 12: 48

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 864323 AUTHORIZATION : COST LIMIT : \$ 125:00 ORDER DATE: June 15, 2021 ORDER TIME : 1:54 PM ORDER NO. : 864323-005 CUSTOMER NO: 81597A DOMESTIC FILING NAME: LUDLOW 1585, 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

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 15 PH 12: 48

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:	SECRETARY
The name of the Limited Liability Company is:	TALLAHAS
Ludlow 1585, LLC	
(Must contain the words "Limited Liab	ility 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:	Mailing Address:
1104 N. Collier Blvd. Marco Island, FL 34145	1104 N. Collier Blvd. Marco Island, FL 34145
another business entity with an active Florida registration.) The name and the Florida street address of the registered age	
Florida street address (P.0 Marco Island	O. Box NOT acceptable)
City	State Zip
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointm further agree to comply with the provisions of all statutes relatin am familiar with and accept the obligations of my position as re	nent as registered agent and agree to act in this capacity. It is to the proper and complete performance of my duties, and I

(CONTINUED)

as

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Hacer Ebru Erbilgin 1104 N. Collier Blvd. Marco Island, FL 34145
	SECRETALL L
	ECRETARY OF STATE TALLLAWASSEE. FL
	STATE
	
	,
(Use attachment if necessary) ETICLE V: Effective date, if other than the da	te of filing:(OPTIONAL)
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be state of filing.) te: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be lister
TICLE V: Effective date, if other than the da an effective date is listed, the date must be s date of filing.)	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be so date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be so date of filing.) Interpolate: If the date inserted in this block does not a document's effective date on the Department of a mean of the date of the Department of th	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be so date of filing.) Interpolate: If the date inserted in this block does not a document's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a management of the document is executed and aware that any false.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed at of State's records.

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)