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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
4635 Cason Cove Manager LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2021 SEP 17 AM 11:46
FILED
2021 SEP 17 11:05:12 AM

**ARTICLES OF ORGANIZATION
OF
4635 CASON COVE MANAGER LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **4635 Cason Cove Manager LLC**

ARTICLE II: - Address

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

**c/o Duncan Hillsley Capital, LLC
7900 Glades Road
Suite 500
Boca Raton, Florida 33434**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, Florida 33408**

Having been named as registered agent and to accept service of process for the above ~~signed~~ 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.

**CORPORATE CREATIONS NETWORK INC.,
as Registered Agent**

/s/ Caitlin Lazarus

Name: Caitlin Lazarus

Title Special Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

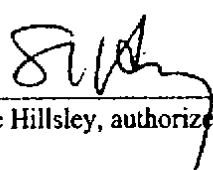
Name and Address:

MGR

DHC 4635 Cason Cove LLC
7900 Glades Road, Suite 500
Boca Raton, Florida 33434

2021
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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on September 16, 2021.



Shane Hillsley, authorized representative of a Member

(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.)

Shane Hillsley

Typed or printed name of signee

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TALLAHASSEE, FL