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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 015719 AUTHORIZATION : COST LIMIT : ORDER DATE: September 20, 2021 ORDER TIME : 1:21 PM ORDER NO. : 015719-005 CUSTOMER NO: 4331425 DOMESTIC FILING NAME: APPLE112 L.L.C. EFFECTIVE DATE: \_\_\_\_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX\_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

			CO	VER LETT	ER				
	New Filing Sec Division of Co								
SUBJEC	Apple112	L.L.C.							
0013110		Nan	ne of Lin	nited Liabili	ty Company	<del></del>			
The enclo	osed Articles of	Organization and	fee(s) are	e submitted	for filing.				
Please ret	urn all correspo	ondence concernin	g this ma	itter to the fo	ollowing:				
	Guy Rabide	au							
	Name of Person								
	Rabideau K	lein							
	Firm/Company								
	440 Royal Palm Way, Suite 101								
				Addre	ess				
	Palm Beach	, FL 33480							
			С	ity/State and	l Zip Code				
		abideauklein.com	1 1	F F-1		·			
					nnual report notificat	101)			
For further	information co	ncerning this matte	er, please	cali:					
	Guy Rabideau			51	655-6221				
	Name of Person			Area Code Daytime Telephone Number					
Enclosed	is a check for t	he following amou	int;						
<b>■\$125.0</b>	0 Filing Fee	□\$130.00 Filin Certificate of S		Certifie	i.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:									
The name of the Limited Liability	Company is:								
Apple 112 L.L.C.									
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")									
ADTICLE II A LI									
ARTICLE II - Address: The mailing address and street ad-	dress of the principal	office of the Li	mited Lightlity Company ic						
The mailing address and street address of the principal office of the Limited Liability Company is:									
<u>Principa</u>	Office Address:		Mailing Address:						
440 Royal Palm Way, Suite 101			440 Royal Palm Way, Suite 101						
Palm Beach, FL 33480	0		Palm Beach, FL 33480						
<del></del>		<del></del>							
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:									
Corporation Service Company									
Name									
	1201 Hays Street								
Florida street address (P.O. Box NOT acceptable)									
	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, F.S..

State

Corporation Service Company

By Eyline Orbital

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Маладег MGR\_\_ Guy Rabideau 440 Royal Palm Way, Suite 101 Palm Beach, FL 33480 (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. REOUIRED SIGNATURE: Ryan Swirsky 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. Rvan Swirsky

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)