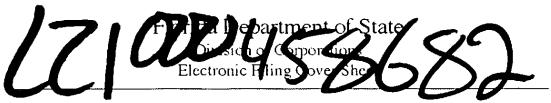
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Division of Corporations



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(((H210003920873)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

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

Email Address: ö

FLORIDA LIMITED LIABILITY CO.

AR Boca 719 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Help

To: 18506176381 From: 12147128131 Date: 10/21/21 Time: 12:48 PM Page: 02/03

(((H21000392087 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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.3 12	 	 		mye.

The name of the Limited Liability Company is:

AR Boca 719 LLC

(Must conatin the words "Limited Liability 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:
1080 SW 17th street	1080 SW 17th street
Boca Raton, FL 33486	Boca Raton, FL 33486

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:

Danielle Rosse	Name	
1080 Southwest 17th	Street	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Boca Raton	FL	33486
City	State	Zip

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 (REQUIRED)

(CONTINUED)

· To: 18506176381 From: 12147128131 Date: 10/21/21 Time: 12:48 PM Page: 03/03

(((H21000392087 3)))

Title:		Name and Address:	
	Authorized Member		
MGR - M	anager		
MGR		Danielle Rosse	
		1080 SW 17th street Boca Raton, FL 33486	-
		Boca Raton, FE 33460	•
MGR		DAR Group Holdings LLC	_
		1080 SW 17th street	
		Boca Raton, FL 33486	-
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			-
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EV: Effective date is of filing.) The date insement's effect	ve date, if other than the listed, the date must red in this block does live date on the Depart provisions, if any. SIGNATURE: Signature of This document is eliam aware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes.	•

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

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