L21000518494

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
- (Bu	isiness Entity Nan	ne)
()	,	,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400377817764

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 290750 7976691

AUTHORIZATION :

COST LIMIT : \$ 1/25...00

ORDER DATE: December 9, 2021

ORDER TIME : 2:16 PM

ORDER NO. : 290750-005

CUSTOMER NO: 7976691

DOMESTIC FILING

NAME: EARTHSTONE ASSOCIATES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

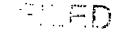
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 DEC -9 Alt 10: 42

PEDELTARY OF STATE

Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

EARTHSTONE ASSOCIATES, 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:	

113 S. Monroe St. 113 S. Monroe St. 1st Floor, #8767 1st Floor, #8767 Tallahassee, FL 32301 Tallahassee, FL 32301

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:

Principal Office Address:

Corporation Service	e Company	
	Name	
1201 Hays Street		
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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..

Corporation Service Company

a all and a local

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	More manager	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		<u> </u>
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		70
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		in the second
LE V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
	LE V: Effective date, if other than the dat fective date is listed, the date must be spof filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
REOUIRED SIGNATURE: (Clien J. Haldenher)	LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) If the date inserted in this block does not ment's effective date on the Department. IE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not tof State's records. Men J. Halanniy
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.	LE V: Effective date, if other than the date fective date is listed, the date must be sported filing.) If the date inserted in this block does not ment's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a material transport of a material tran	meet the applicable statutory filing requirements, this date will not tof State's records. Lieu J. Haldward tember or an authorized representative of a member. The member of a member of a member of the decordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State.
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	LE V: Effective date, if other than the date fective date is listed, the date must be sported filing.) If the date inserted in this block does not ment's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a material transport of a material tran	meet the applicable statutory filing requirements, this date will not tof State's records. Lieu J. Halamania member or an authorized representative of a member. meter of a member of a member of a member. meter of a member of a member. meter of a member of statutes. meter of statutes.