

Dec. 15. 2021 11:06AM  
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GRAY ROBINSON

No. 2151

21000526283

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
Warren Family QOF LLC

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is: **Warren Family QOF LLC**

**ARTICLE II**  
**Address**

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

502 NW 16<sup>th</sup> Avenue, Suite 1  
Gainesville, FL 32601

**ARTICLE III**  
**Purpose**

This Limited Liability Company is organized to be a qualified opportunity fund within the meaning of Section 1400Z-2 of the Internal Revenue Code of 1986, as amended (the "Code") and the Treasury Regulations thereunder, and therefore, this Limited Liability Company is organized for the purpose of investing in "qualified opportunity zone property" within the meaning of Section 1400Z-2 of the Code and the Treasury Regulations proposed thereunder, and for any other lawful business under Chapter 605, Florida Statutes.

**ARTICLE IV**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**Manager:** Michael E. Warren

**ARTICLE IV**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Warren  
502 NW 16<sup>th</sup> Avenue, Suite 1  
Gainesville, FL 32601

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*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

**REGISTERED AGENT'S SIGNATURE**  
\_\_\_\_\_  
Michael E. Warren

*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 in Section 817.155, Florida Statutes.*

**AUTHORIZED REPRESENTATIVE'S SIGNATURE**  
\_\_\_\_\_  
Michael E. Warren, Authorized Representative

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