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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: January	10, 2022		ACCOUNTA: 120000000000
Name:KI	EN		
Reference #:	1571536	<u></u>	
Entity Name:	FAIRWAY	Y MHCRT INVEST	ORS LLC
Articles of Incorpo	oration/Authoriz	zation to Transact Busin	ess
Amendment			
☐ Change of Agent			ISSUES? CALL
Reinstatement			KEN:
☐ Conversion			518-213-0738
☐ Merger			
Dissolution/Witho	Irawal		
Fictitious Name			
Other			
Authorized Amount:	\$125 .	00	
	Ken Howel	ll .	
Signature:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Fairway MHCRT Inv	vestors LLC
(Must contain the words "Limited Liability Con	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
1601 Forum Place	1601 Forum Place
Suite 700	Suite 700
West Palm Beach, FL 33401	West Palm Beach, FL 33401
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
COCENCY CL	ODAL INC

COGENCY GLOBAL INC.

Name

115 North Calhoun Street, Suite 4

Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 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..

/s/ Ken Howell, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:	
"AMBR" = Autho	orized Member	
"MGR" = Manage		
AMBR_	Jordan Paul	
	1601 Forum Place. Ste 700	
	West Palm Beach, FL 33401	•
AMBR	Neil Merin	
- MAIDIX	1601 Forum Place, Ste_700	•
	West Palm Beach, FL 33401	•
		•
		-
	·	•
(Use attachment i	f necessary)	
LEV: Effective da	te, if other than the date of filing:	0 days
LE V: Effective da		0 days
CLE V: Effective da ffective date is liste e of filing.)	te, if other than the date of filing:	
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CLE V: Effective da ffective date is liste e of filing.) If the date inserted is cument's effective d CLE VI: Other provis REQUIRED SIC	signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes am aware that any false information submitted in a document to the Department of State in activities a third degree felony as provided for in s.817.155, F.S.	ot be li
CLE V: Effective da ffective date is liste e of filing.) If the date inserted is cument's effective d CLE VI: Other provis REQUIRED SIC	te, if other than the date of filing:	ot be li

ARTICLE IV-

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)