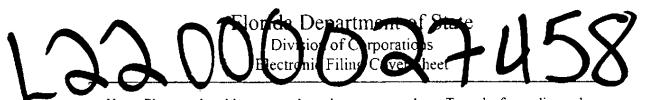
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Page: 2 of 4

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

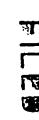
Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:

TALKARAMAN OF STATE TALKARAMAN OF STATE



FLORIDA LIMITED LIABILITY CO. SIXTY VINES SAND LAKE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 JAN 25 PR ELL

Electronic Filing Menu

Corporate Filing Menu

Help S. CHATHAM

JAN 26 2022

ARTICLE I - Name:

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

22 JAN 25 PH 9: 16

SECRETARY OF STATE

The name of the Limited Liability Company is:		(Ger 190
Sixty Vines Sand Lake, LLC		
(Must contain the words "Limited	Liability Company.	"L.L.C.," or "LI.C.")
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited	Linbility Company is:
Principal Office Address:		Mailing Address:
16400 Dullas Parkway, Suite 100	1640	0 Dallas Parkway, Suite 100
Dalias, Texas 75248	Dalta	s, Texas 75248
The Limited Liability Company cannot serve as its ow mother business craity with an active Florida registrat	ion.)	
The name and the Florida street address of the registers	rd agent are:	
C T Corporation Sy	stem	
	Name	
1200 South Pine Isl	and Road	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	Florida	33324
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..

By: Christine Kelm Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Randall DeWitt
	16400 Dallas Parkway. Suite 100 Dallas, Texas 75248
MGR	Brad Cook 16400 Dallas Parkway, Suite 100
	Dallas, Texas 75248
	
`	**************************************
÷	
(Use attachment if necessary)	
	the date of filling: (OPTIONAL)
CLEV: Effective date, if other than t	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days af
CLE V: Effective date, if other than to effective date is listed, the date must be of filing.)	t be specific and cannot be more than five business days prior to or 90 days an
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 days and es not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.) If the date inserted in this block document's effective date on the Department's	t be specific and cannot be more than five business days prior to or 90 days and es not meet the applicable statutory filing requirements, this date will not be listed
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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)

SERVETARY OF STATE