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Account#: I20000000088

Date: January 25, 2022	Account#. 12000000000
Name: GREG PINTACUDA	
Reference #:1578430	
Entity Name: HOLLY SPRINGS HOLDINGS, LLC	_
Articles of Incorporation/Authorization to Transact Busine	SS
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
✓ Other apon filing ceritifed copies	
Authorized Amount: \$155	
Signature:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Holly Spri	ngs Holdings, LLC
(Must contain the words "Limited Liab	ility 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:
<u>Principal Office Address:</u> 777 Brickell Avenue	<u>Mailing Address:</u> 777 Brickell Avenue
	<u>Mailing Address:</u> 777 Brickell Avenue Suite 1200

The name and the Florida street address of the registered agent are:

	JMGS 1 Capital, LI	LC .
	Name	
777	Brickell Avenue, S	uite 1200
Florida street addr	ess (P.O. Box <u>NOT</u> acc	ceptable)
Miami	Florida	33131
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..

िहित्र व श्रिकातः Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
MGR	Pensam Management Services, Inc.
	Pensam Management Services, Inc. 777 Brickell Avenue, Suite 1200 Miami, EL 33131
(Use attachm	ent if necessary)
he date of filing.) <u>Note:</u> If the date inser	e date, if other than the date of filing:
ARTICLE VI: Other p	
REOUIRED	SIGNATURE:
	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.
	Gavin Beekman, Authorized Signatory
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)