L22000032196

| (Requestor's N | Name) |
|--------------------------------------|--------------------|
| (Address) | |
| (Address) | |
| (City/State/Zip | /Phone #) |
| PICK-UP WA | AIT MAIL |
| (Business Ent | ity Name) |
| (Document Nu | ımber) |
| Certified Copies Cert | ificates of Status |
| Special Instructions to Filing Offic | er: |
| : | |
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| | |

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 01/28/2022 | |
|----------------------------|------------------|------------------------------------|
| Name: | | <u> </u> |
| Reference #: | 45000 | 03 |
| Entity Name: | | NARANJA 2022 I, LLC |
| | | Authorization to Transact Business |
| Amen | dment | |
| ☐ Chang | ge of Agent | ***PLEASE FILE SECOND*** |
| ☐ Reins | tatement | |
| ☐ Conve | ersion | |
| ☐ Merge | rī | |
| ☐ Dissol | ution/Withdrawal | |
| Fictition | ous Name | |
| Other | | |
| Authorized A Signature: | mount / / | \$125.00 |

COVER LETTER

| | ew Filing Section vision of Corporations | | |
|----------------|--|--|--|
| SUBJECT: | Nara | nja 2022 I, LLC | |
| | | mited Liability Company | |
| The enclose | ed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please return | n all correspondence concerning this n | natter to the following: | |
| | | Daniel F. Acosta | |
| | | Name of Person | |
| | ACRUV | A Capital Partners II, LLC | |
| | | Firm/Company | |
| | 8 | 06 S. Military Trail | |
| | | Address | |
| | | field Beach, FL 33442 | |
| | | City/State and Zip Code | |
| _ | | es@alliantcapital.com d for future annual report notificati | ion) |
| For further in | formation concerning this matter, pleas | se call: | |
| _ | Jim Villarreal at (| 818) 449-58 | 324 |
| | Name of Person | Area Code Daytime Telephon | e Number |
| Enclosed is | a check for the following amount: | | |
| \$125.00 Fil | ling Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address | |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporati | ons |
| | P.O. Box 6327 Tallahassee, FL 37314 | Clifton Building | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| Naranja 2 | 022 I, LLC |
| (Must contain the words "Limited Liability | y Company, "L.L.C.," or "L1.C.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | f the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 806 S. Military Trail Deerfield Beach, FL 33442 | 806 S. Military Trail Deerfield Beach, FL 33442 |
| | |

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:

| Curtis D. Hamlin, l | Porges Hamlin Kno | wles & Hawk P.A. |
|----------------------|----------------------------|------------------|
| | Name | |
| 1205 Manatee Ave | enue West | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | ceptable) |
| Bradenton | Florida | 34205 |
| City | State | Zîp |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



| itle: | Name and Address: |
|---|--|
| AMBR" = Authorized Member | |
| MGR" = Manager MGR | Narania 2022 I Member, LLC |
| | 806 S. Military Trail |
| | Deerfield Beach, FL 33442 |
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| V: Effective date, if other than | the date of filing: |
| tive date is listed, the date mu filling.) he date inserted in this block do ent's effective date on the Dep | est be specific and cannot be more than five business days prior to or 90 or 9 |
| V: Effective date, if other than tive date is listed, the date mufiling.) ne date inserted in this block do | est be specific and cannot be more than five business days prior to or 90 or 9 |
| V: Effective date, if other than tive date is listed, the date mufiling.) ne date inserted in this block doent's effective date on the Dep VI: Other provisions, if any. EOUIRED SIGNATURE: | est be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not entment of State's records: |
| V: Effective date, if other than tive date is listed, the date mufiling.) ne date inserted in this block deent's effective date on the Dep VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This document I am aware that | est be specific and cannot be more than five business days prior to or 90 or 9 |
| V: Effective date, if other than tive date is listed, the date mufiling.) the date inserted in this block do not's effective date on the Dep VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This document I am aware that | of a newforth and authorized representative of a member, selection of accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)