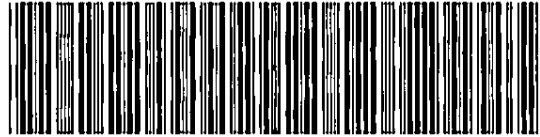


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02/23/22--01001--007 **125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 FEB 24 AM 8:47

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

(Document Number)

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Special Instructions to Filing Officer:

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**CORPORATE
ACCESS,
INC.**

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1. ROSS VALLEY MANAGEMENT, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2022

CORPORATE ACCESS

SUBJECT: ROSS VALLEY MANAGEMENT, LLC
Ref. Number: W22000023059

Corrected

We have received your document for ROSS VALLEY MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the Principal Office Address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00004440

2022 FEB 24 PM 12:58
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROSS VALLEY MANAGEMENT, LLC

(Must contain the words "Limited Liability 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:

8950 ARVIDA DRIVE
CORAL GABLES, FL 33156

8950 ARVIDA DRIVE
CORAL GABLES, FL 33156

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:

ANDRE A. HAKKAK
Name

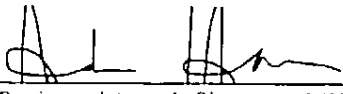
8950 ARVIDA DRIVE
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33156
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FL
7077 FEB 24 AM 8:47

FILED

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ANDRE A. HAKKAK
8950 ARVIDA DRIVE
CORAL GABLES, FL 33156

MGR

MARISSA SHIPMAN
8950 ARVIDA DRIVE
CORAL GABLES, FL 33156

(Use attachment if necessary)

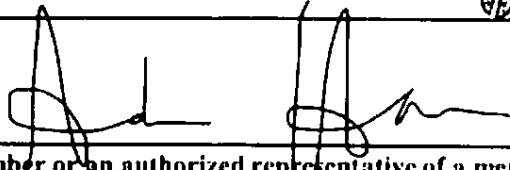
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.

ANDRE A. HAKKAK

Typed or printed name of signee

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2022 FEB 24 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL

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)