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Date: March 07, 2022	Account#: I20000000088
Name: GREG PINTACUDA	
Reference #:1618156	
Entity Name: HAWTHORNE PHASE I 2022, LLC	<u> </u>
✓ Articles of Incorporation/Authorization to Transact Busine	ss
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
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Signature:	

+44 (0)20.3786.1090

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				ED
		2027	````	
	Hawthor	ne Phase I 2		?-8 AM 9:0
(Must con			ipany, "L.L.C.," or "LLC.")	
				1.10000, FE
ARTICLE II - Address: The mailing address and street a	nddress of the principal c	office of the L	imited Liability Company is:	
Principal Office Address:			Mailing Addi	ress:
777 Brickell Avenue, Suite 1200			777 Brickell Avenue, Sui	te 1200
Miami, FL 33131			Miami, Fl. 33131	
		1 Capital, l		
		Name		
		ll Avenue, S		
	Florida street addres	ss (P.O. Box <u>\$</u>	<u>SOT</u> acceptable)	
	Miami	FL	33186	
	City	State	Zip	
laving been named as registered lace designated in this certificate orther agree to comply with the p on familiar with and accept the o	e, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as re elating to the p as registered	rgistered agent and agree to act proper and complete performan	in this capacity. I ce of my duties, and I
	Regist	tered Agent's	Signature (REQUIRED)	
		(CONTINI	UED)	

ARTICLE IV-

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

Title:	Name and Address:
<u>MGR</u>	Pensam Management Services, Inc. 777 Brickell Avenue, Suite 1200 Miami, FL 33131
	2972 [SR - 8 A
	SIVIE - SIVIE
	nent if necessary) we date, if other than the date of filing:
(If an effective date is the date of filing.) <u>Note:</u> If the date inso	listed, the date must be specific and cannot be more than five business days prior to or 90 days after ried in this block does not meet the applicable statutory filing requirements, this date will not be listed as ive date on the Department of State's records.
ARTICLE VI: Other	provisions, if any.
REOUIRE	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:

as

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

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)