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DATE: 03/22/22

NAME: PALMYRA923 LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	New Filing Section Division of Corporations			
CHD IEC	Palmyra923 LLC			
SUBJEC	T:Name of	Limited Liabil	lity Company	
The encle	osed Articles of Organization and fee(s) are submitted	I for filing.	
Please ret	turn all correspondence concerning this	s matter to the	following:	
	Rosie Niebolt			
		Name of	Person	
	API Stewart Holdings LLC			
		Firm/Co	ompany	<u> </u>
	1420 Rocky Ridge Dr Ste 380			
		Addı	ress	
	Roseville CA 95661-2875			
	api-llc@stewart.com	City/State ar	nd Zip Code	
	E-mail address: (to be u	sed for future	annual report notification)	
For further	information concerning this matter, pl	ease call:		
	Rosie Niebolt	916	791-5991	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	└──Certif	ied Copy — Certificate nal copy is enclosed) — Certified C	of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		D
The name of the Limited Liability Company is:		
	2022 HAR 22 PM	4: 28
Palmyra923 LLC		
(Must contain the words "Limited Liability	v Company, "L.L.C." or "LLC.") - CHARY OF ALLAHASSE	STATE E.FL
ARTICLE II - Address:		
The mailing address and street address of the principal office of	the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1420 Rocky Ridge Dr Ste 380	1420 Rocky Ridge Dr Ste 380	
Roseville CA 95661-2875	Roseville CA 95661-2875	
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent :	are:	
C T Corporation System		
Name		
1200 South Pine Island Road	1	
Florida street address (P.O.	Box NOT acceptable)	

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..

Marquet & Rautelin Registered Agent's Signature (REQUIRED)

Margaret E. Routzahn, Special Ass't Secretary

(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 API Stewart Holdings LLC AMBR 1420 Rocky Ridge Dr Ste 380 Roseville CA 95661-2875 (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 fiting 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.

Jane Mervine

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)