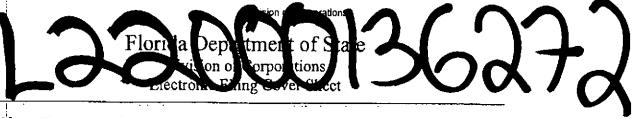
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. 811 NW GREENWICH COURT, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. CHATHAM

APR - 4 2022

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na

The name of the Limited Liability Company is:

811 NW GREENWICH COURT, L.L.C.

(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:

811 NW GREENWICH COURT 811 NW GREENWICH COURT PORIT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983

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:

ALAN S. GASSMAN, ESQ. Name

1245 COURT STREET

Florida street address (P.O. Box NOT acceptable)

CLEARWATER 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 arms gistered agent at provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Nume and Address:		
"MGR" = Manager			
MGR	KAREN SERVANT		
!	811 NW GREENWICH COURT		
:	PORT ST. LUCIE, FL 34983		
;			
	- ^-		
<u>:</u>		_	
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(Use attachment if necessary) ICLE Y: Effective date, if other than the da	ate of filing:		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 22 APR - I AM 6: 4 SECRETARY OF STATE

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