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05/06/22

NAME: CREC PORT ROYAL LLC

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COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE		Royal LLC			
20041		Name of	Limited Liabi	lity Company	
The en	closed Articles of	Organization and fcc(s)	are submitte	d for filing.	
		ondence concerning this			
	Mark Weinb	erg, Esq.			
	<u></u>		Name o	f Person	
	Taylor Engli	ish Duma LLP			
			Firm/C	ompany	
	11767 S. Di:	xie Highway, Suite 292			
			Add	iress	
	Pinecrest, F	L 33156			
			City/State a	nd Zip Code	
	warren@crec	capital.com E-mail address; (to be u	and for fibron		
Far first		ncerning this matter, ple		annuar report mouncau	(111)
О ТШИ					
Mark Weinberg			941 (-
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
■\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status		Certit	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Divisio P.O. B	e Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECHETARY OF STATE TALLAHASSEE, FL

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

CREC Port Royal LLC

(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal of	office of the Limited	Linbility Company is:
Prin	icipal Office Address:		Mailing Address:
801 Brickell Ave	. Suite 900	801	Brickell Ave, Suite 900
Miami, FL 33131			mi, FL 33131
(The Limited Liability Comp	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
(The Limited Liability Comp another business entity with	any cannot serve as its ow an active Florida registrati	n Registered Agent. 'on.)	nt's Signature: You must designate an individual or
(The Limited Liability Comp another business entity with	any cannot serve as its ow an active Florida registrati	n Registered Agent. 'on.)	nt's Signature: You must designate an individual or
(The Limited Liability Comp another business entity with	cannot serve as its own an active Florida registrative eet address of the registere	n Registered Agent. 'on.)	nt's Signature: You must designate an individual or
(The Limited Liability Comp another business entity with	cannot serve as its own an active Florida registrative eet address of the registere	n Registered Agent. 'on.) d agent are: Name	nt's Signature: You must designate an individual or
(The Limited Liability Comp another business entity with	pany cannot serve as its own an active Florida registrative eet address of the registere Warren Weiser	n Registered Agent. 'on.) d agent are: Name	You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	pany cannot serve as its own an active Florida registration rect address of the registere Warren Weiser 801 Brickell Ave, St	n Registered Agent. 'on.) d agent are: Name	You must designate an individual or

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)

Title: "AMBR" = Authorized Mem	Name and Address:	
"MGR" = Manager		
MGR	Warren Weiser	
	801 Brickell Ave, Suite 900	
	Miami, FL 33131	
	(1)	
MGR	Alan Esquenazi	2022 HAY -6 PM
	801 Brickell Ave. Suite 900	<u> </u>
	Miomi, FL 33131	
	DC	≺
MCD	Ting the state of	ሗ
MGR	Gerard Yetming P	•
	801 Brickell Ave. Suite 900 Miami, FL 33131	2
	Mianit, FL 55151	
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		C
(Use attachment if necessary)		
LEV: Effective date, if other the factive date is listed, the date of filling.)	han the date of filing:	
LE V: Effective date, if other the feetive date is listed, the date of filing.) If the date inserted in this block the date on the Lament's effective date on the Lament's effective date on the RECHIER SIGNATURE. Signature	han the date of filing:	
LE V: Effective date, if other if fective date is listed, the date of filing.) If the date inserted in this block insert's effective date on the LE VI: Other provisions, if any REOURED SIGNATURE Signature I am aware the section of the section o	han the date of filing:	

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)

ARTICLE IV-