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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	Angler Treehouse Island, LLC			
SUBJECT		of Limited Liabil	ity Company	_
The enclos	ed Articles of Organization and fee	(s) are submitted	I for filing.	
Please retu	rn all correspondence concerning th	nis matter to the	following:	
	Rosalia De Leon			
		Name of	Person	
				~3
		Firm/Co	ompany	022 H
	2701 S. Le Jeune Road, 10th Floo	or		2022 HAY 18
		Addı	ress	(T) = (
	Coral Gables, FL 33134			PH 4: CF STA
	rdeleon@ruizinvestments.com	City/State ar	nd Zip Code	22
-		used for future	annual report notification)	
For further is	nformation concerning this matter,	please call:		
	Rosalia De Leon	305 at (614-2222	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclosed is	s a check for the following amount:			
\$125.00 F	_	& S155.0	ied Copy Certification Copy is enclosed) Certified	Filing Fec, ate of Status & I Copy I copy is enclosed)
	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	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the l	ime: Limited Liability Company is:		
Angle	Treehouse Island, LLC (Must contain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addr	ddress: ess and street address of the principal of	office of the Lir	nited Liability Company is:
	Principal Office Address:		Mailing Address:
	S. Le Jeune Road, 10th Floor Gables, FL 33134		2701 S. Le Jeune Road, 10th Floor Coral Gables, FL 33134
another business	bility Company cannot serve as its owr entity with an active Florida registration Florida street address of the registered John H. Ruiz	on.)	ent. You must designate an individual or
	2701 S. Le Jeune Ro	oad, 10th Floor	
	Florida street addres		OT acceptable)
	Coral Gables	FL	33134
	City	State	Zip
place designated in further agree to coi	this certificate, I hereby accept the app mply with the provisions of all statutes r ad accept the obligations of my position	cointment as reg relating to the pr as registered as	or the above stated limited liability company at the istered agent and agree to act in this capacity. I roper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S

(CONTINUED)

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Δ	B.	TI	CI	1	IV.

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

"MGR" = Manager MGR John H. Ruiz 2701 S. Le Jeune Road, 10th Floor Coral Gables, FL 33134 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 5/17/2022 (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 he 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 at 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. John H. Ruiz Typed or printed name of signee Filing Fess: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate Copy (Optional) S 5.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized M	Name and Address:	
John H. Ruiz Tryled or printed name of signee		Chioci	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \(\frac{51772022}{51772022} \) (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 a the document's effective date on the Department of State's records. RRTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Department of State of the Department of State of the 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. John H. Ruiz		John H. Ruiz	
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