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	(Requestor's Name)
	(Address)
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PICK-UF	MAIL MAIL
	(Business Entity Name)
	(Document Number)
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IVIŠIONAL CARENARATIONS

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. :	I2000000195
REFERENCE :	788119 4385680
AUTHORIZATION :	Grellecenan
COST LIMIT :	- / L
ORDER DATE : July 5, 2022	
ORDER TIME : 8:21 AM	
ORDER NO. : 788119-005	
CUSTOMER NO: 4385680	

DOMESTIC FILING

NAME:

ESG MONTEVERDE MEMBER LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	22 MM - 2
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	6
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	3:5%
CONTACT	PERSON: Alexxis Weiland - EXT.	

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Maret an	DE MEMBER LLC		
(Must co	ntain the words "Limited Lial	bility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
ne mailing address and street	address of the principal offic	c of the Limited	Liability Company is:
Princ	inal Office Address:		Mailing Address:
675 3rd Ave., Suite	1810	675	3rd Ave., Suite 1810
New York, NY 100)17	New	York, NY 10017
he Limited Liability Compar	gent, Registered Office, & In ny cannot serve as its own Registration.)		nt's Signature: You must designate an individue
he Limited Liability Compar other business entity with an	ny cannot serve as its own Re	gistered Agent.	
he Limited Liability Compar other business entity with an	ny cannot serve as its own Re a active Florida registration.) at address of the registered ag CORPORATION SERV	gistered Agent. ent are: ICE COMPAN	You must designate an individu
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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)

Cleanis Weighd, assistant va arescent

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ERIC GRANOWSKY
MOK	675 3rd Ave., Suite 1810
	New York, NY10017
	
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ective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dective date is listed, the date must be of filing.) If the date inserted in this block does not be a series of the date inserted in this block does not be a series of the date inserted in this block does not be a series of the date inserted in this block does not be a series of the date inserted in this block does not be a series of the date inserted in this block does not be a series of the date inserted in this block does not be a series of the date.	e specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-