

L22 000298035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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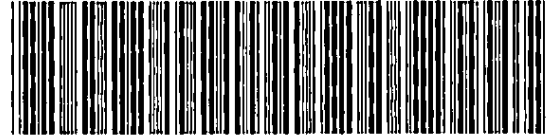
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 788085 8088399

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : July 5, 2022

ORDER TIME : 9:09 AM

ORDER NO. : 788085-005

CUSTOMER NO: 8088399

DOMESTIC FILING

NAME: MYAKKA SR RE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

22 JUL 16 AM 3:56
[Stamp]

**ARTICLES OF ORGANIZATION
OF
Myakka SR RE, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Myakka SR RE, LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company are:

5036 Dr. Phillips Boulevard, Suite 137
Orlando, Florida 32819

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301.

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.

Corporation Service Company
Name: Eylina Baker
Title: Assistant Vice President

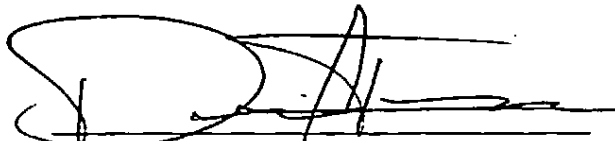
22 JUL -6 AM 3:56

ARTICLE IV: - Management

The name and address of each individual authorized to manage and control the limited liability company is as follows:

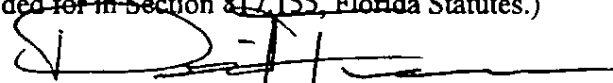
<u>Title:</u>	<u>Name and Address:</u>
MGR	Charles Duff 8309 Sailing Loop Lakewood Ranch, Fl 34202
MGR	David Turner 1710 E Lancaster Ave, #318 Paoli, Pennsylvania 19301

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 30, 2022.



David Turner, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)



David Turner

22 JUL -6 AM 3:56
NOTARIAL
STAMP