

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
 Account Number : 076117000420
 Phone : (561)650-0728
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FLORIDA LIMITED LIABILITY CO.

Oak Ridge POD 2 LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
OAK RIDGE POD 2 LLC**

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, pursuant to the Florida Revised Limited Liability Company Act (the "Act"), hereby adopts the following Articles of Organization:

ARTICLE I - Name:

The name of the Limited Liability Company is: Oak Ridge POD 2 LLC (the "Company").

ARTICLE II - Address:

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

105 NE 1st Street
Delray Beach, Florida 33444

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, Corporation Service Company hereby accepts the appointment as registered agent and agrees to act in this capacity. Corporation Service Company further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and Corporation Service Company is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S

CORPORATION SERVICE COMPANY

/s/ Charlene Sati

BY: _____
Charlene Sati, Asst. Secretary

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ARTICLE IV – Management:

The Company shall be manager-managed in accordance with its operating agreement. The name and address of the initial managers are as follows:

The Kolter Group LLC
105 NE 1st Street
Delray Beach, Florida 33444

DATED: July 21, 2022

/s/ William Johnson

William Johnson, Authorized Person

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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