LAA 000336248

(Re	questor's Name)	
(Ad	dress)	
(Ad	diess)	
(Cit	y/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	•)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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S. CHATHAM AUG - 1 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 July 29, 2022 Date: **David Shulman** Name:_ 1747870 Reference #:____ **AURORA INVESTMENT HOLDINGS, LLC** Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name Certified copy of the filing evidence please - thank you! ✓ Other Authorized Amount: \$155.00 David Shulman

Signature:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: July 29	, 2022	Account#: I2000000088			
	Shulman				
Reference #:	1747870				
Entity Name:	AURORA INVESTMENT HOLDINGS, LLC				
Articles of Incorpo	oration/Authoriza	ation to Transact Business			
Amendment					
Change of Agent		ISSUES? CALL			
Reinstatement		David:			
☐ Conversion		850 - 270-0082			
Merger Merger					
Dissolution/Withd	rawal				
☐ Fictitious Name					
Other	Certified copy	of the filing evidence please - thank you!			
		^ \			
Authorized Amount:	\$ 155.0				
Signature:	David Shulman	22 JUL 20 FILIO: 44			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Aurora Investme	nt Holdings, I	LC	
(Must co)	ntain the words "Limited Lia	ability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal offi	ce of the Limited	Liability Company is:	
<u>Princi</u>	Principal Office Address:		Mailing Address:	
777 Brickell Ave	777 Brickell Avenue		777 Brickell Avenue	
Suite 1200		Suit	Suite 1200	
	Miami, FL 33131		Miami, FL 33131	
		ect Managers, Same Avenue, Suite		
	Florida street address (P.O. Box NOT acceptable)		cceptable)	
	Florida street address (
		FL_	33131	
		FL State	33131 Zip	

22 11/1 29 1/1/10:46

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

<u>Title:</u>		Name and Address:	
MCD		PC Project Managers, Inc.	
MGR		777 Brickell Ayenue, Suite 1200	_
		Miami, FL 33131	_
			_
<u> </u>			_
			_
			_
			- -
			_
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(Use attachmei	nt (financement)		
	·	e of filing:	
	ed in this block does not reduced at the date on the Department	meet the applicable statutory filing requirements, this date will no of State's records.	t be listed a
TICLE VI: Other pro	-		
"			<u> </u>
REOUIRED S	SIGNATURE:		
		that	
	Signature of a mu	ember or an authorized representative of a member.	
	This document is execut am aware that any falso	sted in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
	Ga	ivin Beekman, Authorized Signatory	\sim
		Typed or printed name of signee	£ .
		Filing Fees:	22 11/1 20 15/11
\$125.00 Filir	ig Fee for Articles of Or	ganization and Designation of Registered Agent	'0
\$ 30.00 Cer	tified Copy (Optional)		71
\$ 5.00 Cert	tificate of Status (Optior	ral)	-