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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 08/30/22

NAME: LONGLEAF PROPERTIES, LLC

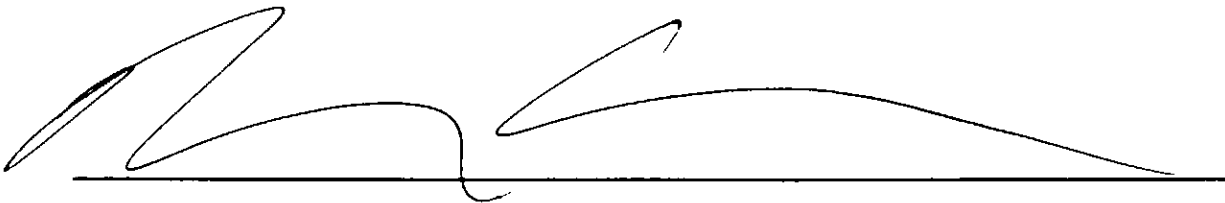
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: LONGLEAF PROPERTIES, LLC
Ref. Number: W22000111338

2022 SEP -7 PM 1:53
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We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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The document number of the name conflict is L03000015702.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 022A00019363

Please keep original file date
Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Longleaf Ventures, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

17985 Gulf Boulevard

Suite 200

Redington Shores, FL 33708

Mailing Address:

17985 Gulf Boulevard

Suite 200

Redington Shores, FL 33708

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Chad Lubke

Name

17985 Gulf Boulevard Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Redington Shores, FL

City

State

33708

Zip

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.

Chad Lubke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Chad Lubke
17985 Gulf Boulevard Suite 200
Redington Shores, FL 33708

MGR

Julie Lubke
17985 Gulf Boulevard Suite 200
Redington Shores, FL 33708

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _____ (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 as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Chad Lubke

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.

Chad Lubke
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)