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	(Requ	uestor	s Name)		
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Special Instructions to	Filin	g Offic	er;			_

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S. CHATHAM
SEP 14 WW

SECRETARY OF STATE DIVISION OF CORPORATION 2: 38

2022 SEP 14 AM 8: 1

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	501 Estate	Holdings, LLC			
SUBJEC		Name o	f Limited Li	ability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Organization and fee	(s) are submi	tted for filing.	
Please ret	um all corresp	ondence concerning th	is matter to t	the following:	
	Sandra Z. G	reen, Esq.			
		-	Nam	e of Person	
	JONATHA	N H. GREEN & ASSO	OCIATES, P	.A.	
			Firm	/Company	
	901 Ponce d	e Leon Boulevard, St	ite 601		
			A	ddress	
	Coral Gable	s, Florida 33134			
			City/Stat	e and Zip Code	
	szg@jhglaw.		used for futi	ire annual report notificat	tion)
For further		ncerning this matter,		·	
	Sandra Z. Gi	een a	305 nt (372-5100	
	Nan	ie of Person		le Daytime Telephoi	ne Number
Enclosed	is a check for t	he following amount:			
□\$125.0	0 Filing Fee	■\$130.00 Filing F Certificate of Statu	is Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	_	ng Address		Street Address New Filing Section D	Nivicion
		iling Section on Of Corporations		The Centre of Tallah	
	P.O. E	30x 6327		2415 N. Monroe Stre Tallahassee, FL 3230	-
	18118.0	assee, FL 32314		Lananassee, FL 323	r.

(850) 524-6243 Please use funds from Account: 120210000160 Amount: \$130.00____ for feller Authorization Signature: 501 ESTATE HOLDINGS LLC Business Document # Walk in Pick up time ____ Will wait Mail out Photocopy Certified Copy (s) of Articles X Certificate of Status **AMMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit X_ Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other Conversion CORP Articles of Conversion **REGISTRATION/QUALIFICATIONS OTHER FILINGS** Foreign filing Annual Report Limited Partnership _____Fictitious Name Reinstatement ARTICLES OF CORRECTION ___ APOSTIL()) _ Other Country EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:	
501 Estate Holdings.	LLC	
(Must conta	ain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street ac	idress of the principal office	of the Limited Liability Company is:
<u>Principa</u>	al Office Address:	Mailing Address:
901 Ponce de Leon B	Soulevard, Suite 601	901 Ponce de Leon Boulevard, Suite 601
Coral Gables, Florida		Coral Gables, Florida 33134
another business entity with an a	cannot serve as its own Reg active Florida registration.)	istered Agent. You must designate an individual or
(The Limited Liability Company	cannot serve as its own Reg active Florida registration.)	istered Agent. You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Reg active Florida registration.)	istered Agent. You must designate an individual or nt are:
(The Limited Liability Company another business entity with an a	cannot serve as its own Reg active Florida registration.) address of the registered age	istered Agent. You must designate an individual or nt are: & ASSOCIATES, P.A.
(The Limited Liability Company another business entity with an a	cannot serve as its own Reg active Florida registration.) address of the registered age JONATHAN H. GREEN	istered Agent. You must designate an individual or nt are: & ASSOCIATES, P.A. me

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..

Coral Gables

City

DIVISION OF CORPORATIONS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida

State

33134

Zip

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	501 EH, LLC 530-B Harkle Road, Ste 100 Santa Fe, NM 87505
	EP 3
effective date is listed, the date must be site of filing.)	ae of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
	t meet the applicable statutory filing requirements, this date will not be
ocument's effective date on the Departmer	
ocument's effective date on the Departmer	
REOUIRED SIGNATURE: Signature of a r This document is exect I am aware that any fal	

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)