

**L22000406693**  
Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
7740 Southside Blvd Manager LLC**

|                       |             |
|-----------------------|-------------|
| Certificate of Status | 1           |
| Certified Copy        | 1           |
| Page Count            | 03          |
| Estimated Charge      | \$160.00/mc |

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**ARTICLES OF ORGANIZATION  
OF  
7740 SOUTHSIDE BLVD MANAGER LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **7740 Southside Blvd Manager LLC**

**ARTICLE II: - Address**

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

**c/o Duncan Hillsley Capital, LLC  
7900 Glades Road  
Suite 500  
Boca Raton, Florida 33434**

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

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

**Corporate Creations Network Inc.  
801 US Highway 1  
North Palm Beach, Florida 33408**

*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.*

**CORPORATE CREATIONS NETWORK INC.,  
as Registered Agent**

Type text here

/s/ Caitlin Lazarus

Name: Caitlin Lazarus

Title: Special Secretary

**ARTICLE IV: - Management**

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

Title:

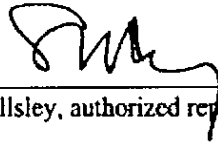
Name and Address:

MGR

**DHC 7740 Southside Blvd LLC  
7900 Glades Road, Suite 500  
Boca Raton, Florida 33434**

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on  
September 19, 2022.



Shane Hillsley, authorized representative of a Member

(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.)

Shane Hillsley

Typed or printed name of signee

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STATE OF FLORIDA  
My Comm. Expires 09/20/2025

Print name / address:

State of Florida, Suite 500

Suite 500  
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