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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (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.

	- 4 1			
Email:	Address:			
LWOIL	AUGIESS.			

FLORIDA LIMITED LIABILITY CO. Tall Pines Property Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



DocuSign Envelope ID: 21A4C389-5503-4988-B839-1E165DB3C5B5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tall Pines Property Own		lity Company, "L.L.C.," or "LLC.")
(Must contain	the words Elmited Liabi	inty Company, L.L.C., or LLC.)
RTICLE II - Address:		
he mailing address and street addr	ress of the principal office	of the Limited Liability Company is:
Principal (Office Address:	Mailing Address:
110 SE 2nd Street, Suite	c 101	110 SE 2nd Street, Suite 101
Delray Beach, FL 3344	4	Delray Beach, FL 33444
	·	
RTICLE III - Registered Agent	. Registered Office, & Re	egistered Agent's Signature:
•	• • •	istered Agent. You must designate an individual of

Name

110 SE 2nd Street, Suite 101

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

Delray Beach FL 33444

City State 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..

Merander f. Kedharn

9340ABSGRESSHOTEETED Agent's Signature (REQUIRED)

(CONTINUED)

22 NOV 14 PH 12: 35

\$ 5.00 Certificate of Status (Optional)

① 11/14/2022 11:23 AM 14154847068
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ARTICLE	IV-
The name a	nd a

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

### Alexander P. Redfearn Coptional Street, Suite 101 Delray Beach, FL 33444	Title: "AMBR" = Autho	Name and Address:	
(Use attachment if necessary) ETICLE V: Effective date, if other than the date of filing:			
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(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:	MOR	110 SE 2nd Street, Suite 101	
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		Delray Beach, FL 33444	
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REQUIRED SIGNATURE: Document is executed in accordance with section 605.0203 (1) (b), Florida Statutes a third degree felony as provided for in s.817.155, F.S. Alexander P. Redfearn Redfearn (OPTIONAL)		-	
RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e date of filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lie document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: DocuMigned by:			
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