# La3000074426

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special instructions to rining Officer. |
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Office Use Only



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S. CHATHAM

FEB 15 2023

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2023 FEB 15 PM 4: 20



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:                    | 02/15/2023         |                  |                           |  |  |  |  |
|--------------------------|--------------------|------------------|---------------------------|--|--|--|--|
|                          | Merritt V          |                  |                           |  |  |  |  |
| Reference                | #:190              | 09750            |                           |  |  |  |  |
| Entity Nam               | e: <b>E</b> \$     | SEX STRE         | ET PROPERTIES, LLC        |  |  |  |  |
| ✓ Artic                  | cles of Incorporat | ion/Authorizatic | n to Transact Business    |  |  |  |  |
| Ame                      | endment            |                  |                           |  |  |  |  |
| ☐ Cha                    | nge of Agent       |                  |                           |  |  |  |  |
| ☐ Reir                   | nstatement         |                  |                           |  |  |  |  |
| □ Сол                    | version            |                  |                           |  |  |  |  |
| ☐ Mer                    | ger                |                  |                           |  |  |  |  |
| ☐ Dissolution/Withdrawal |                    |                  |                           |  |  |  |  |
| ☐ Ficti                  | tious Name         |                  |                           |  |  |  |  |
| ✓ Other                  | er                 | CERTIFIED CO     | PY OF THE FILING EVIDENCE |  |  |  |  |
|                          |                    |                  |                           |  |  |  |  |
| Authorized               | Amount:            | \$155            | <del></del>               |  |  |  |  |
| Signature:               |                    | mw               |                           |  |  |  |  |

F: 800.944.6607

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability   | Company is:  |                        |                   |               |          |                      |  |
|---|--|------------------------|-------------------|---------------|----------|----------------------|--|
|   | ESSEX STREE  | T PROPERTIES           | i, LLC            |               |          |                      |  |
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")                            |  |                        |                   |               |          |                      |  |
| ARTICLE II - Address:<br>The mailing address and street add   | lress of the principal offic                             | e of the Limited Liabi | ility Company is: |               |          |                      |  |
| Principal Office Address: Mailing Add   |  |                        |                   | dress:        |          |                      |  |
| 340 Minorca   | Avenue, Ste 9,   | 340_                   | Minorca Aver      | nue, Ste 9    | _        |                      |  |
| Coral Gab   | les, FL 33134  |                        | ral Gables, F     | L 33134       | _        |                      |  |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | annot serve as its own Re<br>tive Florida registration.) | gistered Agent. You r  |                   | individual or | 2023 FEB |                      |  |
| The name and the Florida street address of the registered agent are:                                |  |                        |                   |               |          | err July             |  |
|   |  | ICY GLOBAL IN          | <u>C.</u>         | A             |          | CENTRAL              |  |
|   |  | ame                    |                   | 53<br>200     | C)       | Santiano<br>Santiano |  |
|   |  | alhoun Street, S       |                   | 開刊            | H        | 3 8 9                |  |
|   | Florida street address (F                                |                        |                   | 115           | ġ.       | The same of          |  |
|   | Tallahassee  | Florida                | 32301             | វភ            | 50       |                      |  |
|   | 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..

Merratt Walker Merritt Walker, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Henry Paper MGR 340 Minorca Avenue, STE 9 Coral Gables, FL 33134 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not state as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

### REQUIRED SIGNATURE:

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.

# Henry Paper

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)