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Division of Corporations

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
SFC-NOLIA MULTIFAM GP MGMT LLC**

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ARTICLES OF ORGANIZATION

OF

SFC-NOLIA MULTIFAM GP MGMT LLC

THE UNDERSIGNED, pursuant to the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of this Limited Liability Company is:

SFC-NOLIA MULTIFAM GP MGMT LLC

ARTICLE II - DURATION

The duration of this Limited Liability Company is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY

The mailing address of the business of this Limited Liability Company is 1025 Gateway Blvd, #303-364, Boynton Beach, FL 33426, and the principal place of business of this Limited Liability Company is 114 Orange Ave, #305, Fort Pierce, FL 34950.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is Adam R. Seligman, Esq.

Prepared by: Adam R. Seligman, Esq.
4420 Beacon Circle
West Palm Beach, Florida 33407
Bar No: 22923 ♦ Phone: 561/842-3000

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ARTICLE VI - MANAGEMENT

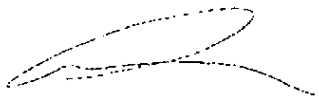
The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The names and addresses of the initial manager is as follows:

jeffrey Chandler 111 Orange Avenue #305
Fort Pierce, FL 34950

Zachary Preminger 111 Orange Avenue #305
Fort Pierce, FL 34950

Stephen Brennan 111 Orange Avenue #305
Fort Pierce, FL 34950

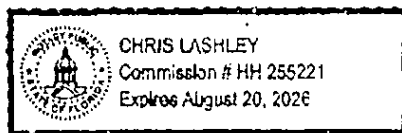
DATED this 17th day of March, 2023.

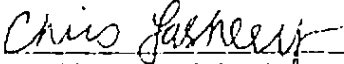
By: 
Adam R. Seligman, Authorized Representative
(In accordance with Florida Statutes §605.0205, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are accurate.)

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me by ☒ physical presence ☐ online notarization this 17th day of March, 2023 by Adam R. Seligman, Authorized Representative of SFC-Nolia Multifam GP MGMT LLC, a Florida limited liability company who ☒ is personally known to me or ☐ has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of March, 2023.



Sign: 
Notary Public, State of Florida
My Commission Expires: _____

Prepared by: Adam R. Seligman, Esq.
4420 Beacon Circle
West Palm Beach, Florida 33407
Bar No: 22923 ♦ Phone: 561/842-3000

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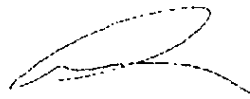
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**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for **SFC-Nolia Multifam GP MGMT LLC**, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: March 17, 2023.



Adam Seligman, Esq.
4420 Beacon Circle
West Palm Beach, Florida 33407

CLERK OF STATE
TALLAHASSEE, FL

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