

Apr. 24. 2023 11:09AM

No. 0060 P. 1

4/24/23, 11:03 AM

Division of Corporations

**L23000203618**  
Florida Department of State  
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Email Address: jcarter@sprucegroveinc.com

**FLORIDA LIMITED LIABILITY CO.  
CHG-Florida 6, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of this Limited Liability Company is:

CHG-Florida 6, LLC

**ARTICLE II**

**Address**

The initial mailing address and street address of the principal office of this Limited Liability Company are:

Mailing Address

3719 S. Plaza Drive  
Santa Ana, CA 92704

Principal Office Address

4787 W. Irlo Bronson Hwy US 192  
Kissimmee, FL 34746

**ARTICLE III**

**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**

**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name

ITI Group, LLC, a Nevada  
limited liability company

Street Address

3719 S. Plaza Drive  
Santa Ana, CA 92704

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No. 0060 P. 3

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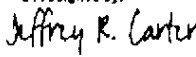
((H23000151582 3)))

**ARTICLE V**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company are:

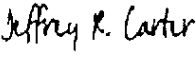
Saratoga Resort Villas, LLC  
4787 W. Irlo Bronson Hwy US 192  
Kissimmee, FL 34746

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

DocuSigned by:  
  
1F90E7168CFC4AF...

**REGISTERED AGENT'S SIGNATURE**

*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 in Section 817.155, Florida Statutes.*

DocuSigned by:  
  
1F90E7168CFC4AF...

**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

\_\_\_\_\_  
Jeffrey R. Carter  
Type or printed name of signee

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