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| (Requestor's Name) |
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CORPORATE ACCESS, _____

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| | CERTIFIED COPY | · | | |
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| 1 | SEVEN UK PRESERVE | E LLC | | |
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| eup ir c | | Preserve LLC | | | | |
| SUBJEC | 1: | Name | of Limit | ted Liabilit | y Company | ········ |
| The enclo | sed Articles of (| Organization and fe | e(s) are | submitted 1 | or filing. | |
| Please ret | urn all correspo | ndence concerning | this matt | er to the fo | llowing: | |
| | Ronald Koch | man | | | | |
| | | <u> </u> | | Name of | Person | |
| | Kochman & | Ziska PLC | | | | |
| | | | | Firm/Cor | npany | |
| | 222 Lakevie | w Ave., Suite 1500 | | | | |
| | | | | Addre | 55 | |
| | West Palm B | leach, FL 33401 | ٠ | | | |
| | rkochman@fle | oridawills.com | Cit | y/State and | Zip Code | |
| | | | be used fo | or future a | nual report notification | on) |
| For further | information co | ncerning this matter | r, please | call: | | |
| | Ronald | | 561 at (| | 802-8960 | |
| | Nam | e of Person | _ ' | ea Code | Daytime Telephone | Number |
| Enclosed | is a check for th | ic following amoun | ıt: | | | |
| | 00 Filing Fee | \$130.00 Filing Certificate of Sta | g Fee & | Certific | .00 Filing Fee & ed Copy Il copy is enclosed) | ■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | g Address iling Section | | | Street Address New Filing Section Di | vision |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Seven UK Preserve LLC | | | |
|---|---|----------------------------------|--|
| (Must contain t | he words "Limited Lia | ibility Compan | y, "L.L.C.," or "LEC.") |
| CLE II - Address: | | | |
| nailing address and street address | ss of the principal offic | ce of the Limit | ed Liability Company is: |
| <u>Principal O</u> | ffice Address: | | Mailing Address: |
| 500 Wilson Avenue | | 50 | 00 Wilson Avenue |
| Tallahassee, FL 32303 | | | allahassee, FL 32303 |
| CLE III - Registered Agent, Limited Liability Company can | not serve as its own Ri | Registered Agen | gent's Signature: |
| CLE III - Registered Agent, | not serve as its own Re e Florida registration. | Registered Agen | gent's Signature: |
| CLE III - Registered Agent, Limited Liability Company can er business entity with an activ ame and the Florida street addr | not serve as its own Re e Florida registration. | Registered Agen) gent are: | |
| CLE III - Registered Agent, Limited Liability Company can er business entity with an activ ame and the Florida street addr | not serve as its own Ree Florida registration. ess of the registered a | Registered Agen) gent are: | gent's Signature: |
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| CCLE III - Registered Agent, Limited Liability Company can business entity with an activ ame and the Florida street addr | not serve as its own Re e Florida registration. ess of the registered a ochman & Ziska PLC | Registered Agen) gent are: Name | gent's Signature: t. You must designate an individual o |
| ICLE III - Registered Agent, Limited Liability Company can business entity with an activ ame and the Florida street addr K | not serve as its own Ree Florida registration. ess of the registered approximate & Ziska PLC 1 22 Lakeview Avenue, | Registered Agen) gent are: Name | gent's Signature: t. You must designate an individual o |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 APR 27 AM 9: 30 SECRETARY DE STATE ARTICLE IV-

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager MGR | Mark P. Whitley 500 Wilson Avenue Tallahassee, FL 32303 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| an effective date is listed, the date must be date of fiting.) ote: If the date inserted in this block does be document's effective date on the Department of the Department of the Uther provisions, if any. | e date of filing: |
| | |
| REOUIRED SIGNATURE: | |
| This document is e | a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. If also information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. |
| Ronald Koc | chman Authorized Representative 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)

2023 APR 27 AM 9: 30 SEURE MARY CE SIMTE