## 123000241228

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



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2023 MAY 16 AM 11: 1

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195   |                                 |
|---|---------------------------------|
| REFERENCE : 752460 7342469  |                                 |
| AUTHORIZATION: Kont School  |                                 |
| COST LIMIT : \$ 125.00  |                                 |
| ORDER DATE : May 15, 2023   | 23 (4/1)<br>55 (54)<br>FAT (54) |
| ORDER TIME : 8:47 AM  | 15 Th                           |
| ORDER NO. : 752460-005  |                                 |
| CUSTOMER NO: 7342469  | ※ 第<br>※ 三                      |
|   |                                 |
| DOMESTIC FILING   |                                 |
| NAME: GRANADA CAPITAL PARTNERS, LLC                                 |                                 |
|   |                                 |
| EFFECTIVE DATE:   |                                 |
| ARTICLES OF INCORPORATION   |                                 |
| CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION         |                                 |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                     |                                 |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING |                                 |
| CONTACT PERSON: Eyliena Baker - EXT.                                |                                 |

EXAMINER'S INITIALS:

## COVER LETTER

|                   | New Filing Sec<br>Division of Cor |   |               |  |   |                  |          |       |
|-------------------|-----------------------------------|---|---------------|--|---|------------------|----------|-------|
| SUBJECT           | Granada C                         | apital Partners, LLC  |               |  |   |                  |          |       |
| 3012012           |                                   | Name of L   | imited Liab   | ility Company  |   |                  |          |       |
| The enclos        | sed Articles of                   | Organization and fee(s)                                     | are submitte  | ed for filing.   |   |                  |          |       |
| Please reti       | urn all correspo                  | ondence concerning this r                                   | natter to the | following:   |   |                  |          |       |
|                   | Mack Watso                        | n   |               |  |   |                  |          |       |
|                   |                                   |   | Name o        | of Person  |   |                  |          |       |
|                   |                                   |   |               |  |   |                  |          | •     |
|                   |                                   |   | Firm/C        | Company  |   |                  | -        |       |
|                   | 255 Alhamb                        | ra Cir., Ste 760  |               |  |   | $\Sigma_{ci}$    | 2        |       |
|                   |                                   |   | Add           | lress  |   | - E              | 3 HA     | -11   |
|                   | Coral Gables                      | s, FL 33134   |               |  |   |                  | 91.1     |       |
|                   | mwatson@dri                       | iftwoodcapital.com  | City/State a  | nd Zip Code  |   |                  | 7        |       |
|                   | Ł                                 | E-mail address: (to be use                                  | d for future  | annual report notificati   | ion)  |                  | - 3:<br> | ` سبب |
| For further i     | information co                    | ncerning this matter, plea                                  | se call:      |  |   | ;                | _        |       |
|                   | Mack Watson                       | nat (   | 630           | 3791162  |   |                  |          |       |
|                   | Nam                               |   | Area Code     | Daytime Telephon   | e Number  |                  |          |       |
| Enclosed i        | s a check for th                  | ne following amount:  |               |  |   |                  |          |       |
| <b>■</b> \$125.00 | ) Filing Fee                      | □\$130.00 Filing Fee & Certificate of Status                | Certi         | 55.00 Filing Fee & fied Copy nal copy is enclosed)                               | □\$160.00 F<br>Certificate o<br>Certified Co<br>(additional cop | f Status &<br>py | :        |       |
|                   | New Fi<br>Divisio                 | g Address<br>iling Section<br>on of Corporations<br>ox 6327 |               | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street | issee   |                  |          |       |

Tallahassee, Fl. 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                      | Samuani isi                    |  |                            |
|--|--------------------------------|--|----------------------------|
| The name of the Limited Liability (    | Lompany is:                    |  |                            |
| Granada Capital Partne                 | rs, LLC                        |  |                            |
|  |                                | y Company, "L.L.C" or "LLC.")                |                            |
| ARTICLE II - Address:                  |                                |  |                            |
| The mailing address and street address | ess of the principal office of | the Limited Liability Company is:            |                            |
| <u>Principal</u>                       | Office Address:                | Mailing Address:                             |                            |
| 122 Sevilla Ave, 1820                  |                                | 122 Sevilla Ave, 1820                        |                            |
| Coral Gables, FL 3313-                 | 1                              | Coral Gables, FL 33134                       |                            |
|  |                                |  |                            |
| ARTICLE III - Registered Agent         |                                |  | i                          |
| another business entity with an acti   |                                | ered Agent. You must designate an individual | or                         |
|  | _                              |  |                            |
| The name and the Florida street add    | lress of the registered agent  | аге:   | FO N                       |
| _                                      | Mack Watson                    |  | 23 I<br>SEC<br>ALL         |
|  | Name                           | •  | CART<br>CART<br>WM         |
|  | 122 Sevilla Ave, 1820          |  | - 33 E - 50<br>- 33 E - 50 |
| -                                      | Florida street address (P.O.   | Box NOT acceptable)                          |                            |

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.

FL

State

Zip

Mack Watson

City

Coral Gables

Begistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member                                      | Name and Address:  |            |
|---|--|------------|
| "MGR" = Manager   |  |            |
| MGR   | Mack Watson  |            |
|   | 122 Sevilla Ave, 1820<br>Coral Gables, FL 33134  |            |
|   |  |            |
|   |  |            |
|   |  |            |
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| <del></del>   |  |            |
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|   |  | S.         |
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|   | 물끔 물   | ~<br>.a    |
| (Use attachment if necessary)   |  | _          |
|   | 지 :  | '          |
|   | filing:, (OPTIONAL), fic and cannot be more than five business days prior to or 90 da                  | T)<br>FC   |
| it an effective date is listed, the date must be speci<br>he date of filing.) | and cannot be more than live business days prior to or 90 ga   | ays after  |
| Note: If the date inserted in this block does not mee                         | et the applicable statutory filing requirements, this date will not be                                 | e listed a |
| he document's effective date on the Department of                             | State's records.   | _          |
| ARTICLE VI: Other provisions, if any.   |  |            |
|   |  |            |
|   | <u> </u>   |            |
|   |  |            |
| REQUIRED SIGNATURE:   | 11   |            |
|   | 1111   |            |
| Signature of a mem  | ber or an authorized representative of a member.   |            |
| This document is executed   | in accordance with section 605.0203 (1) (b). Florida Statutes.   |            |
|   | aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. |            |
| Mack Watson   |  |            |
|   | 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)