L230024/66

| (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: |
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Office Use Only



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SECH BOTTO THE STUDENT

FILED

MAY IS AMID: 28

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 05/16/2023 | | **WAL | K <i>I</i> N** |
|--|---|----------------------------|----------------|
| ENTITY NAME Delray I | _egacy Holdings, LLC | | |
| DOCUMENT NUMBER_ | | 23+ SEC FALL | |
| | **PLEASE FILE THE ATTACHED AND RETUR | | 77 |
| <u>xxxxxx</u> | Plain Copy Certified Copy | 26 LR 3: 02 | 3 |
| | Certificate of Status | | |
| **/ | PLEASE OBTAIN THE FOLLOWING FOR THE ABOV | E ENTITY** | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | | |
| | Ceruphate of 4000 commy | | |
| | **APOSTILLE' / NOTARIAL CERTIFICATI | DN** | |
| COUNTRY OF DESTINAT NUMBER OF CERTIFICA | | | |
| TOTAL OWED \$125 | | #: 120160000072 P. SM | _ |
| Please call Tina at th | te above number for any issues or concerns. | R FM Thank you so much! | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Delray Legacy | | | | |
|---|---|---|---|----------------------|
| (Must cor | ntain the words "Limited 1 | Liability Company, "I | L.C ," or "LEC ") | |
| ICLE II - Address: | | | | |
| | address of the principal o | ffice of the Limited L | lability Company is. | |
| <u>Princi</u> | pal Office Address: | | Mailing Address: | |
| 150 East Palmetto Park Road, Suite 800 | | | ast Palmetto Park Road, | Suite 800 |
| Boca Raton, FL 33432 | | 70 | Boca Raton, FL 33432 | |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent. Registered Office, ny cannot serve as its own active Florida registration | & Registered Agent Registered Agent, Yo | 's Signature: | evidual or |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent. Registered Office, ny cannot serve as its own nactive Florida registration et address of the registered | & Registered Agent Registered Agent, Yo | 's Signature: | widuał or |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent, Registered Office, ny cannot serve as its own nactive Florida registratio | & Registered Agent Registered Agent, Yo | 's Signature: | ividual or |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent, Registered Office, by cannot serve as its own a active Florida registration address of the registered NRAI Services, Inc. | & Registered Agent Registered Agent. Yo n.) Lagent are Name | 's Signature: | ividual or 유년 |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent, Registered Office, by cannot serve as its own active Florida registration address of the registered NRAI Services, Inc | & Registered Agent Registered Agent. Yo n.) Lagent are Name | 's Signature: on must designate an ind | ividual or |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent, Registered Office, by cannot serve as its own active Florida registration address of the registered NRAI Services, Inc | & Registered Agent Registered Agent, Yo n, 1 Lagent are Name | 's Signature: on must designate an ind | widual or FALL AHASS |
| ICLE III - Registered A Limited Liability Compai er business entity with ar | gent, Registered Office, by cannot serve as its own a active Florida registration address of the registered NRAI Services, Inc | & Registered Agent. Yound Agent are Name nd Road s (P.O. Box <u>SOT</u> acc | 's Signature: ou must designate an ind | widual or |

Natalie Leiba-Paul - Assistant Secretary

(CONTINUED)

Registered Agent's Signature (REQUIRED)

NRAI Services, Int,

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 | Jesfrey R. Larsen | | _ | |
| | 150 East Palmetto Park Road, Suite 8 | | | |
| | Boca Raton, Fl. 33432 | | _ | |
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| (Use attachment if necessary) | | | | |
| | date of filing: | CONTION FOR | N 3 | |
| ARTICLE V: Effective date, it office than the (If an effective date is listed, the date must be | e specific and cannot be more than five busing | (Or HONADIN | က မို့သို့ | safter |
| the date of filing.) | and cannot be more than the basis | ± 0. | * 55 /. | |
| Note: If the date inserted in this block does | not meet the applicable statutory filing require | ments, this date will n | ot <u>T</u> e I | isted as= |
| the document's effective date on the Department | | 취공 | 7 | - |
| | | | | , - - |
| ARTICLE VI: Other provisions, if any. | | *· ~ | Ĭ | -1.2 pers |
| | | 2 | - 22 | - مد – |
| | | | = | _ |
| REQUIRED SIGNATURE: | a member or an authorized representative of | of a member. | . | |
| This document is ex I am aware that any | recuted in accordance with section 605.0203 (false information submitted in a document to be egree felony as provided for in s.817.155, F.S. | (b), Florida Statutes the Department of Stat | | |
| Patrick S. M | itchell, Organizer | | | |
| | 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)