135000 8966026

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

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SECRETARY OF STATE

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 825035 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: June 20, 2023 ORDER TIME : 2:46 PM ORDER NO. : 825035-005 CUSTOMER NO: 4331425 DOMESTIC FILING NAME: ACE HOLDINGS I LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

то:	New Filing Sec Division of Co			
CI ID IE	eer.	Ace Holdi	ngs I LLC	
SUBJE	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Organization and fee(s) are	e submitted for filing.	
Please	return all correspo	ondence concerning this ma	atter to the following:	
	Steven Amo	roso		
			Name of Person	
	Corporation	Service Company		
			Firm/Company	
	1201 Hays S	treet		
			Address	
	Tallahassee,	Florida 32301		
			ity/State and Zip Code	
		so@cscglobal.com	6 - 6	:
			for future annual report notificat	non)
For furth	er information co	ncerning this matter, please	e call:	
	Steven Amar	oso 21	2 299-5600	
	Nam		rea Code Daytime Telephor	ne Number
Enclose	ed is a check for t	he following amount:		
	5.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN 20 AM 1: I' SECRETARY OF STAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Holdings LLLC	_		
(Must conatin	n the words "Limited	Liability Company	, "L.L.C" or "LLC.")	
RTICLE II - Address:				
e mailing address and street add	lress of the principal c	office of the Limite	d Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
2501 SE Aviation W	'ay		1101 Russell Street	
Stuart, Florida 34996	Stuart, Florida 34996		Baltimore, MD 21230	
RTICLE III - Registered Agenthe Limited Liability Company capther business entity with an act	annot serve as its own	Registered Agent		
he Limited Liability Company ca	annot serve as its own tive Florida registration	n Registered Agent on.)	ent's Signature:	
he Limited Liability Company ca other business entity with an act	annot serve as its own tive Florida registration	n Registered Agent on.) d agent are:	ent's Signature:	
he Limited Liability Company ca other business entity with an act	annot serve as its own tive Florida registration dress of the registered	n Registered Agent on.) d agent are:	ent's Signature:	
he Limited Liability Company ca other business entity with an act	annot serve as its own tive Florida registration dress of the registered	n Registered Agent on.) d agent are: Company	ent's Signature:	
he Limited Liability Company ca other business entity with an act	annot serve as its own tive Florida registration dress of the registered Corporation Service	n Registered Agent on.) d agent are: Company Name	ent's Signature: . You must designate an individual	
he Limited Liability Company ca other business entity with an act	annot serve as its own tive Florida registration dress of the registered Corporation Service	n Registered Agent on.) d agent are: Company Name	ent's Signature: . You must designate an individual	

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..

Corporation Service Company

By Wiland - Sranson, AVP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	.1 1 114 1	Name and Address:
"AMBR" = A "MGR" = Ma	uthorized Member	
<u>MGR</u>		Ryland Sumner
		1101 Russel Street Baltimore, Marvland 21230
		Battimore, Marviand 21230
		· · · · · · · · · · · · · · · · · · ·
 		
		· · · · · · · · · · · · · · · · · · ·
(Use attachme	ent if necessary)	
date of filing.) ite: If the date inser	ted in this block does not nove date on the Department	need the applicable statutory filing requirements, this date will not be listed a of State's records.
REOUIRED	SIGNATURE:	
	/s/ Ryi	land Sumner
	Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
	Rvland Sumne	sr
	Kyland Sumne	Typed or printed name of signee
		Typed of printed name of signed
		Filing Coses

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)