## L23000338348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

If you have any questions please contact me at 656-7956,

Sincerely,

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/18/2023	PRIORITY Regular Approval	OUR REF_#_(Order_ID#), 1166050
ORDER ENTITY  CORE OSPREY LANDING DEVELOR	PER LLC	
PLEASE PERFORM THE FOLLO	WING SERVICES: VELOPER LLC (FL)	
New LLC filing		
\$155.00 Authorized		
Email address for annual report re	minders: Jean@clasinfo.com_/	
RETURN/FORWARDING INST ACCOUNT NUMBER: I2005000005	RUCTIONS:	
Please bill the above referenced a	ccount for this order.	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 18, 2023 Page 1 of 1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:			
	ANDING DEVELOPER			
(Must cor	ntain the words "Limited	Liability Compa	ny. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limi	ted Liability Company is:	
Principal Office Address:			Mailing Address:	
Office, 7214 Forest City Road		9	692 Haven Ave., Suite 100	
Orlando, FL 32810			ancho Cucamonga, CA 91730	
The name and the Florida stree	t address of the registered Ariana Brendle	l agent are:		
	7 thana Brendie	Name	<del> </del>	
	Office, 7214 Forest (	City Road		
	Florida street addres		T acceptable)	
	Orlando	FL	92810	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the app provisions of all statutes r	ointment as regis clating to the pro	the above stated limited liability constered agent and agree to act in this of per and complete performance of my and as provided for in Chapter 605, F	capacity. T duties, and I
	Ronier	-	nature (REQUIRED)	
	ive grad			
		CONTINUE	D)	

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	National Community Renaissance of Florida, Inc.
·	9692 Haven Ave., Suite 100 Rancho Cucamonga, CA 91730
	Rancho Cucamonga, CA 91730
(Use attachment if necessary)	
ICLEV: Effective date if other than the d	ate of filing: (OPTIONAL)
affantive data is listed the data must be	specific and cannot be more than five business days prior to or 90 days afte
	specific and cannot be inore than live obsidess exys prior to or 90 days are
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REQUIRED SIGNATURE:	to t meet the applicable statutory filing requirements, this date will not be listed and of State's records.  Muld be member or an authorized representative of a member.
ste of filing.)  1 If the date inserted in this block does not ocument's effective date on the Department of the Departm	ot meet the applicable statutory filing requirements, this date will not be listed and of State's records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Michael Finn