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PICK-UP	TIAW [MAIL
	_	<u> </u>
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
G	F111	
Special Instructions to	Filing Officer;	





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2D31 Cm3 -C Town July 1 Charles and Land 1 Charles



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/06/2023	
Name:		_
Reference #:	044-000	-
Entity Name:	TERRACE PL	ACE MEMBER, LLC
✓ Article	s of Incorporation/Authorization	to Transact Business
Amen	dment	
☐ Chang	ge of Agent	
☐ Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er .	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
✓ Other	Please process	a certified copy for this filing.
Authorized A	mount:\$155.00	<u> </u>



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/06/2023	
Name:_	Shannel	<u> </u>
	ce #: 2115223	<u> </u>
Entity Na	ame: TERRACE P	ACE MEMBER, LLC
	rticles of Incorporation/Authorizatio	n to Transact Business
_	hange of Agent	
R	einstatement	
□ C	onversion	
M	erger	
D	issolution/Withdrawal	
☐ Fi	ictitious Name	
✓ 0	ther Please proces	a certified copy for this filing.
Authoriz Signatur	e: \$155.00 e: \$155.00	

COVER LETTER

	ew Filing Section vision of Corporations
SUBJECT	Terrace Place Member, LLC
000000	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	Daniel Acosta
	Name of Person
	ACRUVA Holdings, LLC
	Firm/Company
	800 Fairway Dr., Ste 291 Address
	Address
	Deerfield Beach, FL 33441 City/State and Zip Code
_	entities@walkerdunlop.com
	E-mail address: (to be used for future annual report notification)
For further in	aformation concerning this matter, please call;
	Jim Villarrealat (818)449-5824
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
he name of the Limited Liability	y Company is:		
	Terrace Place	ce Member, LL0	
(Must conta	in the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street ad	ldress of the principal o	office of the Limit	ed Liability Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
800 Fa	airway Drive		800 Fairway Drive
			0 : - 004
Su	Jite 291		Suite 291
	Beach, FL 33441	& Registered Ag	Deefield Beach FL 33441
Deefield B	nt, Registered Office, cannot serve as its own ctive Florida registration address of the registered	n Registered Agen on.) d agent are:	Deefield Beach FL 33441 gent's Signature: L. You must designate an individual or
Deefield B ARTICLE III - Registered Age The Limited Liability Company mother business entity with an ac-	nt, Registered Office, cannot serve as its own ctive Florida registration address of the registered	n Registered Agen on.) d agent are: urtis Hamlin, Es	Deefield Beach FL 33441 gent's Signature: L. You must designate an individual or
Deefield B ARTICLE III - Registered Age The Limited Liability Company mother business entity with an ac-	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registered	n Registered Agen on.) d agent are: urtis Hamlin, Es Name	Deefield Beach FL 33441 gent's Signature: L. You must designate an individual or
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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)

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager MGR	ACRUVA Holdings, LLC	
	800 Fairway Dr., Ste. 291	
	Deefield Beach, FL 33441	
•		
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		_
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(Use attachment if nece		
LEV: Effective date, if o	ther than the date of filing: (OPTIONAL)	or 90 days
LEV: Effective date, if o		or 90 days
LEV: Effective date, if o fective date is listed, the of filing.)	ther than the date of filing: (OPTIONAL)	•
LE V: Effective date, if offective date is listed, the offiling.) If the date inserted in this	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to o	•
LEV: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on	ther than the date of filing:	•
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LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ument's effective date on LE VI: Other provisions. REOURED SIGNAT S This do	ther than the date of filing:	Il not be li
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LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on LE VI: Other provisions, REOURED SIGNAT S This do I am aw	ther than the date of filing:	Il not be li

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)

ARTICLE IV-