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(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:					

Office Use Only



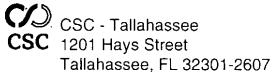
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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/25/23 Order #: 1282303-1

Re: PARENTVEST SFH1 GP LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 120000000195

auth:

Spelle man Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJI	PARENTVEST SFH1 (SP LLC			
3000		Name of Limited I	iability Company	<u> </u>	
The en	sclosed Articles of Organization a	and fee(s) are subn	nitted for filing.		
Please	return all correspondence concer	ming this matter to	the following:		
	Phillip George				
•		Nar	ne of Person		
	Firm/Company				
	673 Destacada Ave.				
	Address				
	Coral Gables, FL 33156				
	philliptgeorgejr@gmail.co	-	te and Zip Code		
	<u> </u>		ure annual report notifica	tion)	
For furth	ner information concerning this n	natter, please call:			
	Mark Hobson	305 at (456-2122		
	Name of Person	Area Co	de Daytime Telepho	ne Number	
Enclose	ed is a check for the following ar	nount:			
≡ \$12:	5.00 Filing Fee ☐\$130.00 F Certificate o	of Status C	l\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address	Nivision	
New Filing Section Division of Corporations		ons	New Filing Section Division The Centre of Tallahassee		
P.O. Box 6327			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I – NAME</u>

The name of this Limited Liability Company is:

PARENTVEST SFH1 GP LLC

<u>ARTICLE II – ADDRESS</u>

The mailing address and the street address of the principal office of this Limited Liability Company are:

673 Destacada Ave. Coral Gables, FL 33156

<u>ARTICLE III - MANAGEMENT</u>

This Limited Liability Company is to be managed initially by one (1) Manager. The name and address of the initial Manager are:

Phillip George 673 Destacada Ave. Coral Gables, FL 33156

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and address of the initial Registered Agent of this Limited Liability Company are:

Gregory T. Martini, P.A. 2334 Ponce de Leon Boulevard, Suite 250 Coral Gables, FL 33134

ARTICLE V - PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

[Signature Page Immediately Follows]

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the 21st day of September, 2023.

Phillip G or e, Authorized Representative

REGISTERED AGENT ACCEPTANCE

Having been named as Registered Agent to accept service of process for the above-stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position, as Registered Agent as provided for in Chapter 605, Florida Statutes.

GREGORY T. MARTINI, P.A

Date: September 21, 2023

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