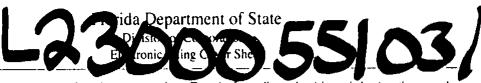
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000426618 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FLORIDA LIMITED LIABILITY CO.

7110 Fairway, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125,00

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Corporate Filing Menu

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T.J.H 12/15/23

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B

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7110 Fairway, LLC				
(Must cont	ain the words "Limited Li	ability Company	y, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and street a	ddress of the principal off	ice of the Limite	d Liability Company is:	
Princip	al Office Address:		Mailing Address:	
7110 Fairway Drive, U	nit #L20	202	0 NW 150th Avenue, Suite 300-A	
e Limited Liability Company ther business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration.	Registered Agent	ent's Signature: . You must designate an individ	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Agent	ent's Signature:	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a Corporate Creations Netw	Registered Agent () () () () () () () () () () () () ()	ent's Signature:	
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the 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..

> /s/ Tiffany Meeker Tiffany Meeker, Special Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

 ${\bf Zoho~Sign~Document~ID:~2D69D5CD-E-RWUTYVZX9IB_0IDTZUCFDVGETLYWWVQOJMJMGXVRY}$

		Name and Address:
"AMBR" = Auth	norized Member	
"MGR" = Manag	ger	
MGR		ManPoffla, LLC
-		2020 NW 150th Avenue, Suite 200-A
		Pembrike Pines, FL 33028
		
	<u></u> _	
(Use attachment		
I.E V: Effective defective date is listed of filing.) If the date inserted	ed, the date must be sp in this block does not	meet the applicable statutory filing requirements, this date will not be f
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I.E V: Effective defective date is liste of filing.) If the date inserted ument's effective of the date inserted ument's effective of the VI: Other provential of the Proventi	ed, the date must be spanished, the date must be spanished does not date on the Department risions, if any. GNATURE: Signature of a match the document is executed.	meet the applicable statutory filing requirements, this date will not be let of State's records. Cassidy D'Andrea

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)

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