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To:	Division of Cor	norations	
	Fax Number	: (850)617-6381	2023
From:	Account Name Account Number Phone Fax Number	: COMITER & SINGER, LLP : I20000000085 : (561)626-4742 : (561)626-4742	DEC 18 AM
*Enter an:	the email addres nual report maili	s for this business entity to be used for future lngs. Enter only one email address please	က က ire⁄ည

FLORIDA LIMITED LIABILITY CO. AMARC HOLDINGS GP, LLC

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COVER LETTER

TO: No	ew Filing Section ivision of Carpa	n rations				
	Amarc Holdin	ngs GP, LLC				
SUBJECT	:	Name of Limite	d Liability	Company		
The enclos	sed Articles of O	rganization and fee(s) are s	ubmitted fo	r filing.		
Please retu	ırn ail correspone	dence concerning this matte	er 10 the foll	owing:		
	Owen Evans, I	£sq.				
	 		Name of Pe	erson		
	Comiter, Sing	er, Baseman & Braun, LLF	•			
			Firm/Com	pany		
	3825 PGA BI	vd., Suite 701				
			Addres	S		
	Palm Beach C	Gardens, FL 33410				
		Cit	y/State and	Zip Code		
	corporate@cor	nitersinger.com	·	nual senant notification	1)	
		-mail address: (to be used f		ilua: report notification	,	
For further	information cor	cerning this matter, please	call:			
	Alex Tirado	at (1	626-2101		
	Name	e of Person Ar	ea Code	Daytime Telephone	Number	
Encloses	lica check for th	ne following amount:				
	00 Filing Fee	□\$130.00 Filing Fec & Certificate of Status	Çertific	6.00 Filing Fee & ed Copy of copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	i)
	New F Divisi P.O. B	ng Address illing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Street Tallahassec, FL 32303	t, Suite 810 CO	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Pr. LLC ontain the words "Limited Liabil	ity Company, "	L.IC.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal office (of the Limited I	Liability Company is:
Prin	cipal Office Address:		Mailing Address:
		1109	Cordova Road
1109 Cordova Ro Fort Lauderdale,	80	Fort	Lauderdale, Florida 33316
The Limited Liability Comp	Agent, Registered Office, & Re any cannot serve as its own Regi	egistered Agen istored Agent.)	t's Signature: You must designate an individual or
(The Limited Liability Companother business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered age	nt are:	
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Tiala.	Name and Address:
<u> </u>	
MGR" = Manager	
MGR	Andrew Shook 1109 Cordova Road
-	Fort Lauderdale, FL 33316
	rom Laude, date, 1 E 300 to
	_
	
EV: Effective date, if other than the citive date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b
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