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Office Use Only



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Spruce Avenue Advisors, LLC."

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1564 Spruce Avenue Tallahassze, Fe 32303	1564 Spruce Avenue Tallahassee, Fl 32303
Tallahassze, FL 32303	Tallahassee, Fl 32305
	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Timothy H. Philpot, Jr.

Name

1564 Spruce Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahussee FL 32323

City State Zip

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 us provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Jise attachment if necessary) V: Effective date, if other than the date of filing: 1/1/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. FOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed if accordance with section 005.0203 (1) the Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Timothy H. Philhot. Jr Type or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Fitle:</u> 'AMBR" = Authorized N		ame and Address:	
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