L24000036072

Office Use Only



300422237653

2024 JAN 19 PH 4: 55

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Date: 01/19/2024

Acc#I20160000072

wie SW

Name:	Keen Vision Properties LLC		
Document #:			
Order #:	15333111		
Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:	Country of Destination:		
	Number of Certs:		
Filing:	Certified: ✓	Email Address for Annual Report Notifications	
,§. 🛂	Plain:	Email Address for Annual Report Nothications	
		adk@keenvision.com	
	COGS:		
Availability			
Document	Amount: \$ 155.00		
Examiner			
Updater			
Verifier			
W.P. Verifier			
Ref#			
	Thank you!		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Keen Vision Properties 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:	
501 East Las Olas Boulevard, Suite 300	501 East Las Olas Boulevard, Suite 300	
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	

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:

C T Corporation Sys	stem	
	Name	
1200 Soluth Pine Isl	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
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 as provided for in Chapter 605, F.S..

Twen Kardolph Devin Randolph, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MBR</u>	Kristen White 501 East Las Olas Boulevard, Suite 300 Fort Lauderdale, FL 33301
MBR	Keen Vision Group, LLC 501 East Las Olas Boulevard, Suite 300 Fort Lauderdale, FL 33301
 	
(Use attachment if necessary)	
an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does not document's effective date on the Department.	date of filing:
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	— DocuSigned by:
This document is exe	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Antoine D. Keane, Authorized Representative
Typed or printed name of signee

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)