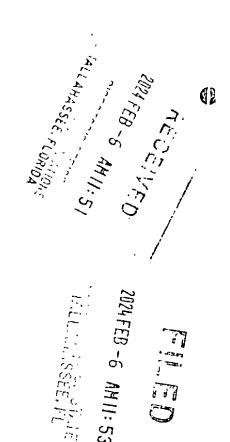
# 

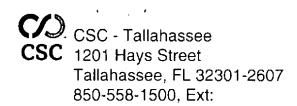
(Rec	questor's Name)			
(Add	dress)	<del></del>		
(Add	iress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				



Office Use Only







To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 02/06/24

Order #: 1414770-1

Re: ML-Gasparilla Realty Ownco, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

# Enclosed please find:

Certificate of Formation/Incorporation
Amount to be deducted from our State Account: \$125.0 - FL State Account Number: I2000000195
AUTH:

# 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.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
ML-Gasparilla Realt	v Ownco, LLC				
(Must cont	ain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Lim	ited Liability Company is:		
Principal Office Address:			Mailing Addr	Mailing Address:	
700 S. Rosemary Ave.			4950 S. Yosemite Street		
Suite 204			F2 #200		
West Palm Beach, FI	<sub>2</sub> 33401		Greenwood Village, CO 80111		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its own active Florida registration	Registered Age on.)		lividual or	
	Corporation Service	Company			
		Name			
	1201 Hays Street				
	Florida street addres	s (P.O. Box <u><b>NO</b></u>	T acceptable)		
	Tallahassee	Florida	32301		
	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..

(CONTINUED)

2024 FEB -6 AM 11: 53

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Kevin Bush, CFO/Authorized person by Member 700 S. Rosemary Ave. #204 West Palm Beach, FL 33401
	<del></del>
(Use attachment if necessary)	
effective date is listed, the date must be ate of filing.)	ate of filing:
ocument's effective date on the Departme	
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Denn Bush
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Kevin Bush	
	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)