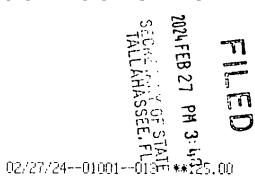
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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	New Filing Se Division of Co					
CHD ID	CT.	97 E	MERALD, LLC			
SUBJE	UI:	Name of Lin	nited Liability Company			
The enc	losed Articles o	f Organization and fee(s) ar	e submitted for filing.			
Please re	eturn all corresp	ondence concerning this ma	atter to the following:			
AH	STACY SM	MALL				
			Name of Person			
(SMITH TH	IOMPSON SHAW)			
			Firm/Company			
3520 THOMASVILLE ROAD - 4TH FLOOR						
		=	Address			
	TALLAHA	SSEE, FL 32309				
			ity/State and Zip Code			
	pnc.javier@g	<u> </u>			•	
		E-mail address: (to be used	for future annual report notificati	on)		
For furthe	r information co	oncerning this matter, please	e call:	75.33	20;	
STACY SMALL		IALL at (850 893-4105	LL A	14 FEB	7
	Nan	. ,-	rea Code Daytime Telephon	e Number	27	-
Enclosed	d is a check for	the following amount:		EE, F	R M	
■ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing: Feer Certificate of Status & Certified Copy (additional copy is enclosed)	S	
	Maili	ng Address	Street Address			

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION

OF

97 EMERALD, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is 97 EMERALD, LLC (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION**.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

PURPOSE.

To engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS.

The mailing address of the business is 2100 Langston Blvd., Apt. 501, Arliggton, Virginia 22201. Such address may be changed from time to time as provided in Experimental Agreement.

5. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **W. CRIT SMITH**, located at 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

6. **MANAGEMENT**.

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

Javier Ponce 2100 Langston Blvd., Apt. 501 Arlington, Virginia 22201

DATED this 26 day of February 2024.

JAVIER PONCE



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is 97 EMERALD, LLC.
- 2. The name of the registered agent and office is: W. CRIT SMITH at 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

W. CRIT SMITH, Registered Agent