L24000172505

| (Re | equestor's Name) | |
|-------------------------|----------------------|-----------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone # | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500427686765



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 04/16/2024 | | * ≠11/A : | LK IN≫ |
|---------------------|---|------------------|--------|
| END | ZONE DEAL FOTATE LLO | ·· W/LI | LR H |
| ENTITY NAME ENUL | ZONE REAL ESTATE, LLC | | |
| DOCUMENT NUMBER | R | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | | |
| xxxxxxxx | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of Status | : | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | - (` : | • |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | | |
| COUNTRY OF DESTIN | YATION | |) |
| NUMBER OF CERTIFIC | | | |
| TOTAL OWED \$125 | ACCOUNT #: 120160 | | |
| Please call Tina at | the above number for any issues or concerns. Thank | | |

COVER LETTER

| | w Filing Secti vision of Corp | | | | | |
|----------------|----------------------------------|--|---|--|-----|-------------------|
| G. W. 172771 | | al Estate, LLC | | | | |
| SUBJECT: | | Name of Limi | ted Liability Company | | | |
| The enclose | d Articles of C | Organization and fec(s) are | submitted for filing. | | | |
| Please return | n all correspor | ndence concerning this mat | ter to the following: | | | |
| | Margaret Ale | xander | | | | |
| • | | | Name of Person | | | |
| | Bass, Berry & | 2 Sims PLC | | | | |
| | | | Firm/Company | | | |
| | 150 3rd Aven | nue South, Ste 2800 | | | | |
| | | | Address | | | |
| | Nashville, Th | N 37201 | | | | |
| | | Ci | ty/State and Zip Code | | | |
| <u>j</u> | oeyncwell@y | | | | | |
| | Е | -mail address: (to be used | for future annual report notificati | on) | | |
| For further in | iformation con | coming this matter, please | call: | | • . | • |
| | | at (|) | | | |
| • | Name | | rea Code Daytime Telcphon | e Number | • | - ' ' ' - C' ' |
| Enclosed is | a check for th | e following amount: | | | | ٠ |
| □\$125.00 | Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Certificate Certified ((additional c | | : |
| | <u>Mailin</u> | g Address | Street Address | | | |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Eliuzone Kear es | state, LLC | | | |
|---|---|---|--|--|
| (Must | contain the words "Limited I | Liability Company, "I | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | no ear this at | (a.1.28) | |
| The mailing address and stre | et address of the principal o | mice of the Limited L | лавину с отрану із. | |
| <u>Prii</u> | ncipal Office Address: | | Mailing Address: | |
| 1125 Brookwood Lane | | | 1125 Brookwood Lane | |
| Nashville, TN 3 | Nashville, TN 37220 | | ville, TN 37220 | |
| | NRAI Services, Inc. | Name | | |
| | 1200 South Pine Isla | | <u>_</u> | |
| | Florida street addres | ss (P.O. Box <u>NOT</u> acc | coptable) | |
| | Plantation | Florida | 33324 | |
| | City | State | Zip | |
| | red agent and to accept serv | ice of process for the a miniment as registered | dagent and agree to act in this capa | |
| urther agree to comply with to | icate, I hereby accept the app he provisions of all statutes r he obligations of my position NRAI Scritces, I By: | relating to the proper a as registered agent as | s provided for in Chapter 605, F.S talie Leiba-Paul - Assistant Secret | |
| place designated in this certifi arther agree to comply with t | icate, I hereby accept the app he provisions of all statutes r he obligations of my position NRAI Scritces, I By: | relating to the proper a as registered agent as Inc. - Pacil Nat | s provided for in Chapter 605, F.S talie Leiba-Paul - Assistant Secret | |

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" - Authorized Member "MGR" = Manager Robert J. Newell MGR_ 1125 Brookwood Lane Nashville, TN 37220 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), 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. Michael Sontag 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)

ARTICLE IV-