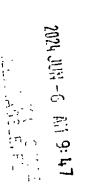
# L2400251787

(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:
, i

Office Use Only



900428443339



9

KECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	06/04/2024		
Name:	Patrice Rush		
Reference #:	0000004	<del></del>	
Entity Name:	ACRUVA C	MMUNITY FL03, LLC	
✓ Articles	s of Incorporation/Authorization	on to Transact Business	
☐ Amend	dment		
Chang	e of Agent		<u>~</u> :
Reinsta	atement	· ;	XIII 4202
☐ Conve	rsion	: : :-	三 5
Merge	г	()   ()   ()   ()	
Dissolu	ution/Withdrawal	:	5 - 5
☐ Fictitio	us Name	·	7
Other_	4.000		
Authorized Ar	mount: \$125.00		

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:06/0	04/2024			
Name:	Patrice Rush	_		
Reference #:	2398961	<del>_</del>		
Entity Name:	ACRUVA CO	MMUNITY FL03, LLC		
	Incorporation/Authorization	n to Transact Business		
Amendme	nt			
Change of	Agent			
Reinstater	nent			202
Conversio	n		:	2024 1111 - 6
Merger		: ئە ن	c	ر ا
☐ Dissolution	n/Withdrawal			Q
☐ Fictitious N	Name	t.		· I. 7
Other				_
Authorized Amou	nt: <b>\$125.00</b>			

F: 800.944.6607

#### COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	ACRUVA (	Community FL03, LLC	
	Name of Li	mited Liability Company	
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	setter to the following:	
		Cindy Moreno	
-	·	Name of Person	
	ACRU\	VA Capital Partners II, LLC	
<del></del>		Firm/Company	
	800	0 Fairway Dr., Ste 291	
		Address	
	Dee	orfield Beach, FL 33441	
	(	City/State and Zip Code	
		les@alliantcapital.com	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information	concerning this matter, pleas	e call:	
(	Cindy Moreno at (	305 , 709-39	197
	,,,,,,,	rea Code Daytime Telephon	<del></del> ; '
Customed is a shoot 6	ing the Callering amount		
Enclosed is a check it	or the following amount:		10.2
\$125,00 Filing Fec	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

. May be a

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

Street Address
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		Community FL03, LL		
(Must contain	the words "Limited L	iability Company, "L.1	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addre	ess of the principal of	ice of the Limited Lial	ollity Company is:	
<u>Principal C</u>	Office Address:		Mailing Address:	
800 Fai	irway Dr		800 Fairway Dr.	
	e 291	K	Suite 291	44
Deerkeid Bea	ach, FL 33441		eerfield Beach, FL 334	<del>4</del> 1
	ve Florida registration ress of the registered a	egent are:	must designate an individ	
	ve Florida registration ress of the registered a	.)		
	ve Florida registration ress of the registered a	.) agent are: agency Global Inc.		
The name and the Florida street add:	ve Florida registration ress of the registered a Co	egent are: ogency Global Inc. Name	ite 4	
The name and the Florida street add:	ve Florida registration ress of the registered a Co	.) Igent arc: Igency Global Inc. Name In Calhoun Street, Su	ite 4	
another business entity with an active The name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name and the Florida street additional active to the name active to the name and the Florida street additional active to the name active to the	ve Florida registration ress of the registered a Co 115 North	egent are:  logency Global Inc.  Name  n Calhoun Street, Su  (P.O. Box <u>NOT</u> accep	ite 4 (able)	2024 JUN ompany at the

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager ACRUVA Capital Partners II, LLC MGR 800 Fairway Dr., Ste 291 Deerfield Beach, FL 33441 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ \_. (OPTIONAL) (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 flling.) 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. Daniel F. Acosta 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-

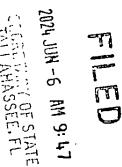
## L24000252024

(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:

Office Use Only



000429633630



Card Market Market Comment of the Co

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LG LBV LLC		<del></del> ,	
Please Debit FCA	000000003 For: 125		
Thank you Seth Ne	eelev		
14	,		
		Art of Inc. File	
		LTD Partnership File	
		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		Art, of Amend, File Art	E 182
			4 (
		RA Resignation	7
		Annual Report / Reinstatement SCO	M
		Annual Report / Reinstatement	
		Photo Copy	•
		Certificate of Good Standing	
		Certificate of Status	
		Certificate of Fictitious Name	
		Corp Record Search	
		Officer Search	
14	7/		
- Stage		Fictitious Search	
Signature		Fictitious Owner Search	
	. <b>_</b> _ <b>_</b>	Vehicle Search	
		Driving Record	
Requested by:		UCC 1 or 3 File	
Name	Date Time	UCC 11 Search	
	MEU DE ALET	UCC 11 Retrieval	
Walk-In	Will Pick Up	Courier	

#### COVERLETTER

	New Filing Section Division of Corporations					
SUBJEC	T:Na	ine of Limited Liabi	ity Company			
The enclo	used Articles of Organization and	i fee(s) are submitted	for filing.			
Please ret	turn all correspondence concerni	ing this matter to the	following:			
	Karim Bennouna					
		Name of	Person			
	Little Greek Fresh Grill					
		Firm/Co	mpany			
	11830 Glass House Ln					
		Add	ress			
	Orlando FL 32836			ı	20	
	<del></del>	City/State a	nd Zip Code		ZN J Hos	;:==; 
	Lg.Apopka@gmail.com			. 2	<u>-</u>	Carre
For further	e-mail address: ()		annual report notification	i. S	6 A	<b>1</b>
	Karim Bennouna	407 at (	460-7016	9 i. i. •	- hose had your STATE	Ç
	Name of Person	Area Code	Daytime Telephone I	Number	ATE ATE	•
	i is a check for the following amore in S130.00 Filing Fee Certificate of	g Fee & S155. Status Certif	00 Filing Fee &	\$160.00 Filing For Certificate of Stat Certified Copy (additional copy is o	us &	
	Mailing Address		Street Address			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDAL LIMITED LIABILITY COMPANY

market nas \_\_or \_\_\_\_

LG LBV LLC				
(Must con	itain the words "Limited	Liability Company	"LLC " or "LLC"	
RTICLE II - Address;		,,, .	The Cart of the Cart of	
he mailing address and street	address of the principal	ant constant of the		
	or the principal c	inice of the Limited	Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
11830 Glass House	l n			
Orlando FL 32836			3 Tullamore loop	<del></del>
		w in	er Garden FL 34787	
	t address of the registered	on, j	t's Signature; You must designate an individi	ual or
	dente i fortoa registrant	on, j	rou must designate an individi	ual or
	t address of the registered	I agent are:		ual or
nother business entity with an	t address of the registered  Karim Bennouna	I agent are: Name		mil of
	t address of the registered  Karim Bennouna  14863 Tullamore Lo	I agent are: Name		202 33
	t address of the registered  Karim Bennouna  14863 Tullamore Lo  Florida street addres	Name op s (P.O. Box <u>NOT</u> a	eceptable)	2024 J
he name and the Florida stree	t address of the registered  Karim Bennouna  14863 Tullamore Lo  Florida street addres  Winter Garden  City	Name op s (P.O. Box NOT ac	eceptable)  34787  Zip	2024 JU 25066 7AL1
the name and the Florida stree thing been named us registered to designated in this certificat	Karim Bennouna  14863 Tullamore Lo Florida street addres Winter Garden City  Lugent and to accept serve	Name  Op s (P.O. Box NOT ac  FL  State  ice of process for the	Zip  above stated limited liability or	TALL ompany at the
ne name and the Florida stree sing been named as registered see designated in this certificate ther agree to comply with the p	t address of the registered  Karim Bennouna  14863 Tullamore Lo  Florida street addres  Winter Garden  City  I agent and to accept serve, I hereby accept the approvisions of all statutes re-	Name  Op s (P.O. Box NOT as  FL  State  ice of process for the ointment as registers cleding to the propose	zeeptable)  34787  Zip  above stated limited liability cod agent and agree to act in this	On Diny at the 10 capacity 1
the name and the Florida street ving been named as registered to this certificate there agree to comply with the p	t address of the registered  Karim Bennouna  14863 Tullamore Lo  Florida street addres  Winter Garden  City  I agent and to accept serve, I hereby accept the approvisions of all statutes re-	Name  Op s (P.O. Box NOT as  FL  State  ice of process for the ointment as registers cleding to the propose	zeeptable)  34787  Zip  above stated limited liability cod agent and agree to act in this	2024 JUN 10 mpany at the 10 scapping 1
	t address of the registered  Karim Bennouna  14863 Tullamore Lo  Florida street addres  Winter Garden  City  I agent and to accept serve, I hereby accept the approvisions of all statutes re-	Name  Op s (P.O. Box NOT as  FL  State  ice of process for the ointment as registers cleding to the propose	zeeptable)  34787  Zip  above stated limited liability cod agent and agree to act in this	ompany at the s capacin; I
ne name and the Florida stree sing been named as registered see designated in this certificate ther agree to comply with the p	t address of the registered  Karim Bennouna  14863 Tullamore Lo  Florida street addres  Winter Garden  City  I agent and to accept serve, I hereby accept the approvisions of all statutes re-	Name  Op s (P.O. Box NOT as  FL  State  ice of process for the ointment as registers cleding to the propose	zeeptable)  34787  Zip  above stated limited liability cod agent and agree to act in this	ompany at the s capacin 1

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Karim Bennouna
	14863 Tullamore Loop
	Winter Garden FL 34787
AMBR	Mariem G Bennouna
	14863 Tullamore Loop
	Winter Garden FL 34787
<del></del>	
(Use attachment if necessary)	
CLEV: Effective date, if other than the date effective date is listed, the date must be spe	of filing:
CLEV: Effective date, if other than the date effective date is listed, the date must be spote of filing.)	ecific and cannot be more than five business days prior to or 90 days at
CLEV: Effective date, if other than the date effective date is listed, the date must be spote of filing.)	ecific and cannot be more than five business days prior to or 90 days all neet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no neument's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 days all neet the applicable statutory filing requirements, this date will not be liste
CLEV: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no neument's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 days all neet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no neument's effective date on the Department.	neet the applicable statutory filing requirements, this date will not be liste of State's records.
CLEV: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no neument's effective date on the Department.	neet the applicable statutory filing requirements, this date will not be liste of State's records.
CLEV: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no neument's effective date on the Department.	recific and cannot be more than five business days prior to or 90 days all need the applicable statutory filing requirements, this date will not be lister of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not nocument's effective date on the Department of CLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed of State's records.
CLEV: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no neument's effective date on the Department.	neet the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not nocument's effective date on the Department of CLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not not uncument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not not uncurrent's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  /S/  Signature of a me This document is execut	meet the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not not becoment's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  /S/  Signature of a me This document is execut 1 am aware that any false	need the applicable statutory filing requirements, this date will not be listed of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)