L24000347535

(Requestor's Name)	
	Address)	
'	, nodi 633)	
(Address)	
	A. 16: 1: 41: 40: 41:	
(City/State/Zip/Phone #)	
	—	—
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	· -
	Document Number)	
'	Document (veriber)	
Certified Copies	Certificates of St	atus
<u></u>		
Special Instructions to F	Filing Officer:	
ļ <i>'</i>	·	
		İ
		ł
		ł
		J
		j

Office Use Only



800434692228





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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	3/13/2024	
Name:	Patrice Rush	
Reference #:	2466039	<u> </u>
Entity Name:	GREENACE	RES OPERATOR LLC
	of Incorporation/Authorizati	on to Transact Business
☐ Amendn	nent	
Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
Merger		
Dissolut	ion/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Amo	ount: \$125.00	

F: +852.2682.9790



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:	08/13/2024	
Name:	Patrice Rush	
Reference #:	2466039	
Entity Name:	GREENACRES	OPERATOR LLC
✓ Article	es of Incorporation/Authorization t	o Transact Business
Amen	dment	
Chang	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: \$125.00	
Signature:	(Pattle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Greenac	res Operator LLC	
(Must contain	the words "Limited Lia	bility Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	ress of the principal offic	ce of the Limited Liabi	lity Company is:
<u>Principal</u>	Office Address:		Mailing Address:
770 Goo	dlette Rd N		770 Goodlette Rd N
Monloe			
ARTICLE III - Registered Agent The Limited Liability Company canother business entity with an act	annot serve as its own Re	egistered Agent, You n	
ARTICLE III - Registered Agent The Limited Liability Company ca	t, Registered Office, & annot serve as its own Re ive Florida registration.)	egistered Agent. You n	ignature:
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an act	t, Registered Office, & annot serve as its own Relive Florida registration.) dress of the registered ag	egistered Agent. You n	ignature:
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an act	t, Registered Office, & annot serve as its own Re ive Florida registration.) dress of the registered as	egistered Agent, You n	ignature:
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an act	t, Registered Office, & annot serve as its own Re ive Florida registration.) dress of the registered as Coo	egistered Agent, You n gent are: gency Global Inc.	ignature: nust designate an individual
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an act	t, Registered Office, & annot serve as its own Re ive Florida registration.) dress of the registered as Coo	egistered Agent, You n gent are: gency Global Inc. lame Calhoun Street, Sui	ignature: nust designate an individual
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an act	t, Registered Office, & annot serve as its own Relive Florida registration.) dress of the registered as Coo	egistered Agent, You n gent are: gency Global Inc. lame Calhoun Street, Sui	ignature: nust designate an individual

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)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Greenacres Holdco LLC 770 Goodlette Rd N Naples, FI 34102 MGR Greenacres Holdco LLC 770 Goodlette Rd N Naples, FI 34102 (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 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

Filing Fees:

ANGELA HUBER
Typed or printed name of signee

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)