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(Reque	estor's Name)
(Addre	ss)
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(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docur	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer.

Office Use Only



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THE CHILD

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | 120210000160: _\$125.00____ Authorization Signature: ____ Black Rolls Cullinan 2021, LLC Document # Business __ Walk in Will wait Certified Copy of the filing ____ Certificate of Status **NEW FILINGS AMENDMENTS** ___ Amendment ___ Profit ____Resignation of R.A. Officer/Director Not for Profit ____Change of Registered Agent X Limited Liability ____Dissolution/Withdrawal f = ___ Domestication _ INC Conversion CORP Statement of Correction. **OTHER** Merger **OTHER FILINGS REGISTRATION/QUALIFICATIONS** Annual Report Foreign Filing Partnership Fictitious Name Reinstatement ___ CORRECTION for a Foreign LLC Statement of Authority

Domestication of a Foreign Corp.

Other

FLORIDA CAPITAL COURIER SERVICES. INC

APOSTIL

COUNTRY

EXAMINER'S INITIALS:

(850) 524-54372 (850) 524-6243 Please use funds from the account 120210000160: \$125.00 fourther Authorization Signature: _____ Black Rolls Cullinan 2021, LLC **Business** Document # __ Walk in Will wait Certified Copy of the filing Certificate of Status **AMENDMENTS NEW FILINGS** ____ Amendment ____ Protit ___Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent X Limited Liability Domestication Dissolution/Withdrawal, INC Conversion CORP Statement of Correction. **OTHER** Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS Annual Report __ Foreign Filing Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. APOSTIL **COUNTRY** Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJEC		OLLS CULLINAN 2	021, LLC			
O D D L		Name o	of Limited L	iability Company		
The encl	losed Articles of	Organization and fee	(s) are subm	nitted for filing.		
Please re	eturn all correspo	ondence concerning th	is matter to	the following:		
	Sandra Z. G	reen. Esq.,				
			Nan	ne of Person		
	Jonathan H.	Green & Associates.	P.A.			2024 C
			Fire	n/Company		· · · · · · · · · · · · · · · · · · ·
	901 Ponce d	e Leon Boulevard, Su	ite 601			
				Address		
	Coral Gables	s, Florida 33134				
	SZG@JHGL/		City/Sta	te and Zip Code	<u> </u>	
			used for fut	ture annual report notificat	ion)	
r furthe		ncerning this matter, p			,	
	Sandra Z. Gr		305 ar (372-5100		
	Nam	ie of Person	Area Co	de Daytime Telephon	ne Number	
Enclosed	l is a check for t	he following amount:				
≣\$1 25.	00 Filing Fee	□\$130.00 Filing F Certificate of Statu	is C	3\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	□\$160.00 F Certificate o Certified Co (additional cop	f Status & py
		ng Address iling Section		Street Address New Filing Section D	ivision	
	Divisio	on of Corporations ox 6327		The Centre of Tallah 2415 N. Monroe Stre	assee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CULLINAN 2021, LLC			
(Must co	ontain the words "Limited L	iability Company, "l	L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street	address of the principal of	fice of the Limited L	iability Company is:	
<u>Princ</u>	Principal Office Address:		Mailing Address:	
242 NW LeJeune F	242 NW LeJeune Road		242 NW LeJeune Road	
4th Floor		4th Flo	4th Floor	
Miami, Florida 331	126	Miam	Miami, Florida 33126	
The Limited Liability Compa nother business entity with a	n active Florida registration et address of the registered	Registered Agent. You.) agent are:		vidual or-
The Limited Liability Compa nother business entity with a	ny cannot serve as its own I n active Florida registration	Registered Agent. Yo n.) agent are: Associates, P.A.		vidual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own I n active Florida registration et address of the registered	Registered Agent. You.) agent are:		, . vidual or- , , ,
The Limited Liability Compa nother business entity with a	ny cannot serve as its own I n active Florida registration et address of the registered	Registered Agent. You.) agent are: Associates, P.A. Name		vidual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own I n active Florida registration et address of the registered Jonathan H. Green & A	Registered Agent. You.) agent are: Associates, P.A. Name oulevard, Suite 601	ou must designate an indi	vidual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own In active Florida registration et address of the registered. Jonathan H. Green & A. 901 Ponce de Leon Bo	Registered Agent. You.) agent are: Associates, P.A. Name oulevard, Suite 601	ou must designate an indi	vidual or
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a The name and the Florida stree	ny cannot serve as its own I n active Florida registration et address of the registered. Jonathan H. Green & A 901 Ponce de Leon Bo Florida street address	Registered Agent. You.) agent are: Associates, P.A. Name oulevard, Suite 601 (P.O. Box NOT acc	ou must designate an indi	vidual or

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	LG AUTO HOLDINGS, LLC 242 NW LeJeune Road. 4th Floor Miami. Florida 33126
	
(Use attachment if necessary)	
in effective date is listed, the date must be sp date of filing.)	te of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (optional cannot be more than five business days prior to or.90 days the meet the applicable statutory filing requirements, this date will not be list of State's records.
FICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is executed any false	nember or an authorized representative of a member. Ented in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Sandra Z. Green	n. Esq. 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 Senter (Optional)

\$ 5.00 Certificate of Status (Optional)