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(((H24000371902 3)))



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To: Division of Corporations Fax Number : (850)617-6381 Account Name : HAND ARENDALL HARRISON SALE LLC Account Number : I20190000128 Phone : (850)769-3434

Fax Number : (251)544-1643

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## FLORIDA LIMITED LIABILITY CO. DESERT PALM HOLDINGS LLC

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Certified Copy	1
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To:

Docusign Envelope ID: 894F3ACC-28F3-4824-AD82-F99C4442DC26

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## 4.1 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED IJABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: DESERT PALM HOLDINGS LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.") 1 . ARTICLE H - Address: (ئ. The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 122 WEST MORTEN AVENUE 122 WEST MORTEN AVENUE PHOENIX, ARIZONA 85021 PHOENIX, ARIZONA 85021 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

SU3.4

		Name		
	112 CANNONBALL	LANE		
S1 % -	Florida street address (P.O. Box NOT acceptable)			
	INLET BEACH	FLORIDA	32461	
	City	State	Zip	

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.

Sara	Hegan
	Registered Agent's Signature (REQUIRED)11/5/2024
	(CONTINUED)
	(CONTINUED)

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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## H240003719023

Titlei		Name and Address:	
	" = Authorized Member - Manager		
MGO	-	SARA HOGAN	. ,
I. WAV		122 WEST MORTEN AVENUE PHOENIX, ARIZONA 85021	
6			
MGR		BRIAN HOGAN	
	<del></del>	122 WEST MORTEN AVENUE PHOENIX, ARIZONA 85021	
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(Use atta	chment if necessary)	• •	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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