STr.	Electronic Filing Cover Sheet
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To:	J Division of Corporations Fax Number : (850)617-6381
Fron	Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702 Phone : (407)841-1200
Ent	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
	Email Address: dcarter@maurycarter.com
	FLORIDA LIMITED LIABILITY CO.
STATE STATE	Certificate of Status T 0 Certified Copy 1 Page Count 1 Estimated Charge \$155.00

From: Leshé Perryman' Fax: +14072329822 To: Docusign Envelope ID: 040DC207-FFB2-4E02-BC7A-884BDD1A152C	Fax: +18506176381 7 C ¹ :		Page: 2 of 3	11/12/2024 1:21 PM
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	F ORGANIZATI		l	
of the C ARTICLES O	0E	E E	• •	
LLC (des . CARTER INTERS'	¥,	41, LLC		ater
The undersigned, acting as authorized	i representative of t	his limite	d liability com	pany
pursuant to Chapter 605 of the Florida Statute	es, hereby forms a l	imited lia	bility company	y under
the laws of the State of Florida and adopts the	e following Articles	شمع s offOrgar	nization for suc	ch
limited liability company:		np	L I	
ARTICLE I - N	AME OF COMPA	NY	: Ex. + .	I
or the CThe name of the limited liability com	pany is CARTER I	ी NTERST	ате 75 - HW	Y 441.
LLC (the "Company").	- <u>B</u> : -	_ 21		12: 10:2
The street address, and the mailing ad	PRINCIPAL OFFI	64	of the Compa	r-s ny js
3333 S. Orange Avenue, Suite 200. Orlando,	Florida 32806.		I I	
ARTICLE III - REGISTERED.	AGENT AND REC	<u>BISTEREI</u>	D OFFICE	
The street address of the initial registe	ered office of the Co	ompany ii	n the State of F	florida is
3333 S. Orange Avenue, Suite 200, Orlando,	Florida 32806.; Th	ie name o	f the registered	d agent
of the Company at that address is Daryl M. C	larter.	al		
ARTICLEIV	<u>/ - MANAGEMĖN</u>	<u>T</u>		
The Company is to be a manager-mar manager of the Company is:	naged company. (Th ार्ट्र)	ne game a Ok	nd address of (ihe initial
Daryl M. Carter 3333 S. Orange Avenu Orlando, Florida 3280			į -	
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