## L74000484348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/18/2024		
	Cheyanne Dav	is	
Reference #	2561171		2024
		UVA FL03 MEMBER, LLC	2024 ROX
✓ Article		norization to Transact Business	IN AN STAFE
☐ Chan	ge of Agent		
Reins	statement		
☐ Conv	ersion		
☐ Merg	er		
☐ Disso	olution/Withdrawal		
☐ Fictiti	ous <b>Na</b> me		
Other			
Authorized A	Amount: \$12	5.00	
Signature:	Chyma aire		



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:	11/18/2024	
Name:	Cheyanne Davis	
Reference	#: <b>2561171</b>	
Entity Nam	ne: ACRUVA FL03 MEMB	ER, LLC
_	cles of Incorporation/Authorization to Transact	Business All/1882
Reir	nstatement	SIME S.FL
☐ Mer	nversion rger solution/Withdrawal	
☐ Ficti	itious <b>N</b> ame er	
Authorized Signature:	(A) D:	

F: +852.2682.9790

## **COVER LETTER**

TO: New Filing Section

Division	of Corporations		
SUBJECT:	ACRUVA	A FL03 Member, LLC	
3003EC1.	······································	imited Liability Company	
The enclosed Arti	cles of Organization and fee(s) a	ire submitted for filing.	
Please return all c	orrespondence concerning this n	natter to the following:	
		Grissel Rivera	
		Name of Person	2021
	ACRU'	VA Capital Partners II, LLC	
		Firm/Company	2024 NOV 18 MA 9: 47
	80	0 Fairway Dr., Ste 291	S 2: A
		Address	· · · · · · · · · · · · · · · · · · ·
	Dee	erfield Beach, FL 33441	ATE T
<del></del>		City/State and Zip Code	· · ·
	enti	ties@alliantcapital.com	
<del></del>	E-mail address: (to be used	d for future annual report notificati	on)
For further informat	ion concerning this matter, pleas	se call:	
	Grissel Rivera	305 , 707-01	83
		Area Code Daytime Telephon	e Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$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)
] [	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Fallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabil	ity Company is:				
	ACRUVA	FL03 Member, LLC			
(Must con	tain the words "Limited L	iability Company, "L.I	C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Limited Lial	bility Company is:		
Principal Office Address:			Mailing Address:  800 Fairway Dr.		
	800 Fairway Dr.				202
	Suite 291		Suite 291		2024 NOV 18
Deemeid	Beach, FL 33441	<u></u>	eerfield Beach, FL :	33441	<b>1</b> 0
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registration address of the registered a	.)	must designate an indi	ividual or;	AH 9:47
	115 North	n Calhoun Street, Su	ite 4		
	Florida street address (P.O. B		able)		
	Tallahassee	Florida	32301		
	City	State	Zip		
Having heen named as registered place designated in this certificate further agree to comply with the param familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relations of my position as PJK.	ntment as registered ag ating to the proper and registered agent as pro	ent and agree to act in complete performance ovided for in Chapter ( er, Assistant Secret	this capacity. of my duties, a 605, F.S.	1

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	ACRUVA Holdings, LLC
	800 Fairway Dr., Ste 291
	Deerfield Beach, FL 33441
AMBR	ADC Communities II, LLC
· · · · · · · · · · · · · · · · · · ·	26050 Mureau Road, Ste 200
	Calabasas, CA 91302
	<del></del>
	filing: (OPTIONAL)
(II) 10 1 15 15 1	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	ining (OI I KANAL)
If an effective date is listed, the date must be specif	fic and cannot be more than five business days prior to or 90 days a
the date of filing.)	
the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be liste State's records.
ARTICLE VI: Other provisions, if any.	7
REQUIRED SIGNATURE:	inl
Signature of a memb	er or an authorized representative of a member.
	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
constitutes a third degree fel	lony as provided for in s.817.155, F.S.
	Daniel F. Acosta
Ţ	vped 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)