

LL4000493154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

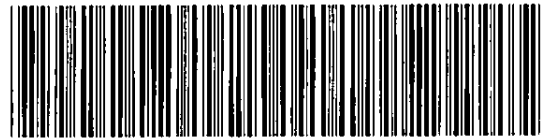
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800439052668

FILED

2024 NOV 25 AM 9:47

TALLAHASSEE, FL

FILED

2024 NOV 25 PM 4:04

MS



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

Account#: 1200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 11/25/2024

Name: Cheyenne Davis

Reference #: 2566933

Entity Name: ACRUVA FL09 MEMBER, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

2024 NOV 25 AM 9:47  
TALLAHASSEE, FL

FILED

Authorized Amount: \$125

Signature: *Cheyenne Davis*

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ACRUVA FL09 Member, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Grissel Rivera</u>	TALLAHASSEE, FL DIVISION OF CORPORATIONS PLATE
Name of Person	
<u>ACRUVA Capital Partners II, LLC</u>	
Firm/Company	
<u>800 Fairway Dr., Ste 291</u>	
Address	
<u>Deerfield Beach, FL 33441</u>	
City/State and Zip Code	
<u>entities@alliantcapital.com</u>	
E-mail address: (to be used for future annual report notification)	

2024 NOV 25 AM 9:47

FILED

For further information concerning this matter, please call:

<u>Grissel Rivera</u>	at (	<u>305</u>	)	<u>707-0183</u>
Name of Person		Area Code		Daytime Telephone Number

Enclosed is a check 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  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACRUVA FL09 Member, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

800 Fairway Dr.

Suite 291

Deerfield Beach, FL 33441

800 Fairway Dr.

Suite 291

Deerfield Beach, FL 33441

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 another business entity with an active Florida registration.)

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

Cogency Global Inc.

Name

115 North Calhoun Street, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

32301

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.

*PJ Kellner*

Patrick Kellner, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 NOV 25 AM 9:47  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

~~AMBR~~ MGR

**Name and Address:**

ACRUVA Holdings, LLC

800 Fairway Dr., Ste 291

Deerfield Beach, FL 33441

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Daniel F. Acosta

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 Status (Optional)

2024 NOV 25 AM 9:45

FILED