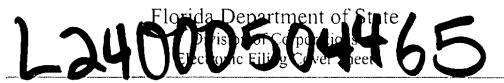
From: James Tanks

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

Fax Number : (614)573-3996

S. CHATHAM
DEC - 8 2024 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: TODD.VANDEKREEKE@HUSCHBLACKWELL.COMT

## FLORIDA LIMITED LIABILITY CO. 3581 ESSEX COURT, LLC

Certificate of Status	0			
Certified Copy	1			
Page Count	03			
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

3581 Essex Court, LLC

(Must conatin 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:			
3581 Essex Court	3581 Essex Court			
The Villages, FL 32163	The Villages, FL 32163			

## 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:

C T Corporation Sys	tem	
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> at	rceptable)
Plantation _	FL	33324
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..

CT Corporation System Stephane Hong

Registered Agent's Signature (REQUIRED)

Stephanie Hencz,

**Assistant Secretary** 

(CONTINUED)



Ā	R	T	I	C	I.	F.	I	١	· -

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	Jennifer Valdman
	3581 Essex Court
	The Villages, FL 32163
MGR	Maggie R. Valdman
	3581 Essex Court
	The Villages, FL 32163
	-
	**************************************
41.	
(Use attachment if necessary)	
the date of filing.) <u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	<del></del>
REQUIRED SIGNATURE: (	nd by: ggil K. Valdman 820EE8398421.
Signature of a m	ember or an authorized representative of a member.
This document is execu	ited in accordance with section 605.0203 (1) (b), Florida Strautes
	e information submitted in a document to the Department of State
constitutes a third degre	te felony as provided for in s.817.155, F.S.
Man to D. Watde	man A C
Maggie R. Valdi	Typed or printed name of signee
	2) 4
	Filing Fees:  rganization and Designation of Registered Agent  Registered Agent
\$125.00 Filing Fee for Articles of Or	ganization and Designation of Registered Agent
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\$ 5.00 Certificate of Status (Option	nal) $\mathbb{R}^{-2}$
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