Page, 2 of 4

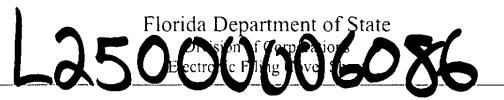
2025-01-03 09 32:57 CST

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From: Daylen Platt

1/3/25, 10:30 AM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000002932 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (G14)280-3338 Fax Number : (614)573-3996

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

Email Address: erin.connelly@huschblackwell.com

FLORIDA LIMITED LIABILITY CO.

473 Lake Murex, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2025 JAN -3 AM 9: 48 SECRETARY OF STATE

JAN -3 AN 11:56

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

473 Lake Murex, LLC	
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the principal offic	ee of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
<u>Principal Office Address</u> : 473 Lake Murex Circle	<u>Mailing Address</u> : 473 Lake Murex Circle

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

C T Corpora	tion System	
	Name	
1200 South Pine	atsland Road	
Florida street addres	s (P.O. Box <u>SOT</u> a	cceptable)
Plantation, Flo	rida 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. Thereby 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JAH -3 AH 9: 18

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	D 110m1	
MGR	Daniel O'Hair	
	473 Lake Murex Circle Sanibel, Fl 33957	
	Samori, 1135257	
(Use attachment if necessary)		
CLE V: Effective date if other than the date	e of filing: (OPTIONAL)	
CDE V. Encenve date, it obles dian die date	pecific and cannot be more than five business days prior to or 90 d	H.V.
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Daniel O'Hair, Manager

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)