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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 01/27/25 Order #: 1782508-2

Re: Fairway Social San Marco LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	ew Filing Sec ivision of Cor						
CHRICT	. Fairway So	ocial San Marco LLC					
SUBJECT	•	Name of Li	mited Liabi	lity Company	•		
The enclos	ed Articles of	Organization and fee(s) a	re submitted	I for filing.			
Please retu	rn all correspo	ondence concerning this m	atter to the	following:			
	W. Neal Free	eman					
			Name o	l'Person			_
	Competitive	Social Ventures GP, LLC	, -				20
			Firm/Co	ompany			_% _`; '
	959 Middle l	Fork Trail					.: 20 5 1 1
			_				
	Suwanee, Ga	A 30024					· ·
			City/State ar	ıd Zip Code			= 1
-		er@cosoventures.com E-mail address: (to be used	l for future	annual report notificati	ion)		_
For further i	nformation co	ncerning this matter, pleas	se call:				
	Jeremy Gardi		78	735-8282			
	Nam		Area Code	Daytime Telephon	e Number		
Enclosed is	a check for th	ne following amount:					
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status opy	; &
	New Fi Divisio	<u>g Address</u> iling Section on of Corporations ox 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:				
Fairway Social San (Must con		Liability Comn	my, "L.L.C.," or "LLC.")		
ARTICLE II - Address:	ann are words. Thinked	maoni, comp	ny, mno, w mo. y		
The mailing address and street a	iddress of the principal o	office of the Lim	ited Liability Company is:		
<u>Princip</u>	oal Office Address:		Mailing Addr	<u>ess</u> :	
959 Middle Fork Tr Suwanee, GA 3002-			959 Middle Fork Trail Suwanee, GA 30024		
					,
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own	n Registered Age		fividual or	5005 5-
The name and the Florida street	address of the registere	d agent are:		,	· · · · ·
	Corporation Service	Company			
		Name		1.	
	1201 Hays Street				-1
	Florida street addre	ss (P.O. Box <u>NO</u>	<u>T</u> acceptable)		
	Tallahassee	FI	32301		
	City	State	Zin		

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..

Corporation Service Company

(CONTINUED)

By_Shauna Godbolt_

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
NALID — DESIGNAT	
-	
MGR	Competitive Social Ventures GP, LLC
	959 Middle Fork Trail Suwanee, GA 30024
	Suwanee, CA 50024
	
	
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Use attachment if necessary)	•
in the distriction of the desired by	
the date inserted in this proof does no	of meet the applicable statutory filing requirements, this date will not
·	ent of State's records.
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nent's effective date on the Departme E VI: Other provisions, if any. REOUIRED SIGNATURE:	
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REOUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
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