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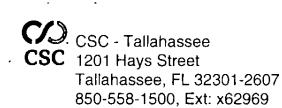
(Requestor's Name)
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te free day
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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer
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Office Use Only
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RECEIVED



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 08/02/24 Order #: 1581036-1 Re: June Park, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

eisele man

12000000195

AUTH

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

TO:	New Filing Sec Division of Co				
SUBJE	June Park,				
30031	CT:		f Limited Li	ability Company	
The end	closed Articles of	Organization and fee(s) are subm	itted for filing.	
Please	return all correspo	ondence concerning th	is matter to	the following:	
	Sonia K. Lo	we, Paralegal			
			Nam	e of Person	
	Baker & Ho	stetler LLP			
			Firm	/Company	
	200 Civic C	enter Drive, Suite 120	ט		
			מ	Address	
	Columbus, (Ohio 43215			
	vuette@eiuht	kinvestments.com	City/Stat	e and Zip Code	
			used for futt	are annual report notificat	ion)
For furth	er information co	ncerning this matter, p	lease call:		
	Sonia K. Lov		614 E(598-3033	
	Nam	nc of Person	Area Cod		e Number
Enclose	ed is a check for t	he following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fo Certificate of Status	s Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations fox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:			
June Park, LLC	onatin the words "Limited	H iability Comp	vany, "L.L.C" or "LLC.")	
(Musi c	onatiff the words. Enfitted	LiabiniyComp	ially, L.L.C., Of LLC.)	
ARTICLE II - Address: The mailing address and street	et address of the principal	office of the Lir	nited Liability Company is	:
<u>Prin</u>	cipal Office Address:		Mailing A	<u>ddress:</u>
17 West Pine Stre Orlando, Florida			17 West Pine Street, 2nd Orlando, Florida 32801	Floor
(The Limited Liability Companother business entity with a The name and the Florida stre	ın active Florida registrati	on.) ed agent are:	ent. You must designate at	ı individual or
	1201 Hays Street			
	Florida street addre	ss (P.O. Box No	OT acceptable)	-
	Tallahassee	FL	32301	
	City	State	Zip	-
laving been named as registerolace designated in this certifica in ther agree to comply with the im familiar with and accept the	nte, I hereby accept the app e provisions of all statutes to obligations of my position Corporation Serv By	pointment as reg relating to the pr t as registered at vice Company	istered agent and agree to t roper and complete perforn gent as provided for in Cha	act in this capacity. I nance of my duties, and I

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Team Management Group, LLC	
	17 West Pine Street, 2nd Floor	
	Orlando, Florida 32801	
		
		
		
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the data an effective date is listed, the date must be e date of filing.)	ate of filing: (OPTION specific and cannot be more than five business days price	IAL) or to or 90 days afte
e date of filing.) lote: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this da	
e date of filing.) ote: If the date inserted in this block does no be document's effective date on the Departme RTICLE VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this da	ite will not be listed
e date of filing.) ote: If the date inserted in this block does no be document's effective date on the Departme RTICLE VI: Other provisions, if any.	or meet the applicable statutory filing requirements, this dant of State's records.	ite will not be listed
e date of filing.) ote: If the date inserted in this block does no le document's effective date on the Departme RTICLE VI: Other provisions, if any.	or meet the applicable statutory filing requirements, this dant of State's records.	ite will not be listed
e date of filing.) ote: If the date inserted in this block does no le document's effective date on the Departme RTICLE VI: Other provisions, if any.	or meet the applicable statutory filing requirements, this dant of State's records.	ite will not be listed
e date of filing.) ote: If the date inserted in this block does no be document's effective date on the Department of the	or meet the applicable statutory filing requirements, this dant of State's records.	statutes.
e date of filing.) lote: If the date inserted in this block does no be document's effective date on the Department of t	wardi member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lse information submitted in a document to the Department ree felony as provided for in s.817.155, F.S.	statutes.
REOUIRED SIGNATURE: /s/ Keith May Signature of a constitutes a third deg constitutes a third deg	wardi member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lse information submitted in a document to the Department ree felony as provided for in s.817.155, F.S.	Statutes.
REOUIRED SIGNATURE: /s/ Keith May Signature of a constitutes a third deg /s/ this document is exectly an aware that any facconstitutes a third deg	wardi member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lse information submitted in a document to the Department recession for a provided for in s.817.155, F.S. i Typed or printed name of signee	Statutes.
REOUIRED SIGNATURE: /s/ Keith May Signature of a This document is exect I am aware that any fa constitutes a third deg Keith May Keith M	wardi member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lise information submitted in a document to the Departmer ree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	Statutes.

5.00 Certificate of Status (Optional)

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJE	June Park	, LLC			
3000		Name of L	imited Liab	ility Company	
The en	closed Articles o	f Organization and fee(s)	are submitte	d for filing.	
Please	return all corresp	ondence concerning this i	matter to the	following:	
	Sonia K. Lo	owe, Paralegal			
			Name o	f Person	
	Baker & Ho	ostetler LLP			
			Firm/C	ompany	
	200 Civic C	Center Drive, Suite 1200			
			Add	ress	
	Columbus,	Ohio 43215			
	vvette@eigh	tkinvestments.com	City/State a	nd Zip Code	
		E-mail address: (to be use	d for future	annual report notificat	ion)
For furth	er information co	oncerning this matter, plea	ise call;		
	Sonia K. Lo		614	598-3033	
	Nan	ne of Person	Area Code	Daytime Telephon	e Number
Fuctore	ed is a check for	the following amount:			
	.00 Filing Fee	□\$130.00 Filing Fee of Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 hassec, FL 32314		Street Address New Filing Section De The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

y Company is:			
			<u></u>
tin the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
dress of the principal of	office of the Lii	nited Liability Company is:	
al Office Address:		Mailing Address	<u>s:</u>
2nd Floor		17 West Pine Street, 2nd Floor	
		Orlando, Florida 32801	
_	· ·		
1201 Hays Street	ss (P.O. Boy No	T acceptable)	
		<u> </u>	
igent and to accept serv I hereby accept the appovisions of all statutes r ligations of my position Corporation Serv	rice of process for pointment as registered a vice Company tered Agent's S	istered agent and agree to act in to oper and complete performance of gent as provided for in Chapter 60 gnature (REQUIRED)	this capacity. I of my duties, and I
	al Office Address: 2nd Floor 01 ent, Registered Office cannot serve as its own active Florida registration address of the registere Corporation Service 1201 Hays Street Florida street address City Ingent and to accept serve I hereby accept the approvisions of all statutes in ligations of my position Corporation Service By	ddress of the principal office of the Lineal Office Address: 2nd Floor 01 ent, Registered Office, & Registered cannot serve as its own Registered Agactive Florida registration.) address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box No. 12) Tallahassee FL City State I hereby accept the appointment as regions of all statutes relating to the proligations of my position as registered agent and to accept service Company By Registered Agent's Si	ddress of the principal office of the Limited Liability Company is: Al Office Address: 2nd Floor 01 17 West Pine Street, 2nd Floor Orlando, Florida 32801 2nt, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an individual registration.) Address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL City State Tallahassee FL J2301 City State Tallahassee Jacob State Signature: Corporation Service of process for the above stated limited liability. I hereby accept the appointment as registered agent and agree to act in ovisions of all statutes relating to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter 60 Corporation Service Company

ARTICLE IV-

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

"AMBR" = Authori "MGR" = Manager MGR		Team Management Group, LLC
J		Team Management Group, LLC
MGR		Team Management Group, LLC
		17 West Pine Street, 2nd Floor Orlando, Florida 32801
<u> </u>		Ottando, 1 torida 52601
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(Use attachment if n		
effective date is listed,	if other than the date of f	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90
effective date is listed, te of filing.) If the date inserted in cument's effective date	if other than the date of f the date must be specifi this block does not meet e on the Department of S	ic and cannot be more than five business days prior to or 90 or the applicable statutory filing requirements, this date will not
effective date is listed, te of filing.) If the date inserted in sement's effective date CLE VI: Other provision	if other than the date of f the date must be specifi this block does not meet e on the Department of S	ic and cannot be more than five business days prior to or 90 or the applicable statutory filing requirements, this date will not
effective date is listed, te of filing.) If the date inserted in sement's effective date CLE VI: Other provision	if other than the date of fine date must be specificathis block does not meet on the Department of Sons, if any.	ic and cannot be more than five business days prior to or 90 or the applicable statutory filing requirements, this date will not
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effective date is listed, te of filing.) If the date inserted in scument's effective date CLE VI: Other provision REOUIRED SIGN This	if other than the date of fine the date must be specification this block does not meet to on the Department of Sons, if any. IATURE: /s/ Keith Mawardi Signature of a memb is document is executed in aware that any false infinitiutes a third degree fell Keith Mawardi	the applicable statutory filing requirements, this date will not state's records. The 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 lony as provided for in s.817.155, F.S.
effective date is listed, te of filing.) If the date inserted in ocument's effective date CLE VI: Other provision REOUIRED SIGN This	if other than the date of fine the date must be specification this block does not meet to on the Department of Sons, if any. IATURE: /s/ Keith Mawardi Signature of a memb is document is executed in aware that any false infinitiutes a third degree fell Keith Mawardi	the applicable statutory filing requirements, this date will not state's records. The 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

CSC FIN-60460

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