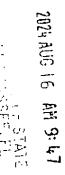
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Office Use Only



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DISTANCE 16 AM IT: 4

RECEPTED



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:	08/16/2024			
Name:	Patrice Rush	<del></del>		
Reference #	2467955			
		DAYTONA LLC		_
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☐ Disso	lution/Withdrawal			
Fictition	ous Name			
✓ Other		CERTIFIED COPY		
Authorized A	Amount: \$155.00			
Signature:	(Pall			

F: +852.2682.9790



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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:08/	16/2024		
Name:	Patrice Rush		
	2467955		
		DAYTONA LLC	
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Authorized Amour	nt: \$155.00		
Signature:	(Palle		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

GG Daytona 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:

1808 W International Speedway Blvd.	1808 W International Speedway Blyd.
Ste. 601	Ste. 601
Daytona, FL 32114	Daytona FL 32114

**Mailing Address:** 

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(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.

115 North Calhoun Street, Suite 4

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

Tallahassee FL 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR CRM Investments LLC 15019 Rankin Drive Midlothian, VA 23112 <u>AMBR</u> Krow Holdings LLC 8904 West Broad Street Richmond, VA 23294 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ \_. (OPTIONAL) (II an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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. 空 ARTICLE VI: Other provisions, if any. ( ) REQUIRED SIGNARD ö Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603,0203 (1) (b), Florida Statutes. I am aware that any false information susquitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

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

constitutes a third degree felony of provided fee in \$.817.755, F.S.

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Michael Krongaard