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INC.

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	CERTIFIED COP	Y			
XX	РНОТОСОРУ				
	CUS		707		
XX	FILING	LLC	2024 ACIC		
_E	EL SOL VILLAHES, LLC (CORPORATE NAME AND DOCUMENT #)				
((CORPÓRATE NAME AND	DOCUMENT #)			
(((CORPORATE NAME AND DOCUMENT #)				
((CORPORATE NAME AND	DOCUMENT #)			
((CORPORATE NAME AND	DOCUMENT#)			
((LORPORATE NAME AND	DOCUMENT #)			
	ORPORATE NAME AND	122201241241241241			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name	1 - Name: If the Limited Liability Company	ı is:		
		EL SOL VILLAGE	ES, LLC	
	(Must contain the wor	ds "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	
	11 - Address: g address and street address of th	e principal office of the	Limited Liability Company is:	
	Principal Office A	ddress:	Mailing Address:	
	250 Carolina Avenue		250 Carolina Avenue	
	Winter Park, Florida 3	2789	Winter Park, Florida 32789	
another bu	siness entity with an active Florion and the Florida street address of the Florida Street addres	da registration.) the registered agent are: Stephen M. Stone, Name 25 N. Magnolia Avstreet address (P.O. Box	Venue NOT acceptable)	SOUND TO LIVE OF IT
		Orlando, Florida 32 City State		
place design further agre	ated in this certificate, I hereby ac to comply with the provisions of	o accept service of procest except the appointment as all statutes relating to the finy position as registere	ess for the above stated limited liability company at the registered agent and agree to act in this capacity. I me proper and complete performance of my duties, and add agent as provided for in Chapter 605, F.S 's Signature (REQUIRED)	

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Miles Dearden 250 Carolina Avenue Winter Park, Florida 32789
(Use attachment if necessary)	
effective date is listed, the date must te of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be I ment of State's records.
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stephen M. Stone, Esquire, Authorized Representative Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ - 5.00 Certificate of Status (Optional)