

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000160149
FILED 8:00 AM
June 29, 2018
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

SANDS POINT LBK, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

12 HUCKLEBERRY LANE
WESTON, CT. US 06883

The mailing address of the Limited Liability Company is:

12 HUCKLEBERRY LANE
WESTON, CT. US 06883

Article III

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

THE LAW OFFICES OF LOBECK & HANSON, P.A.
2033 MAIN STREET
SUITE 403
SARASOTA, FL. 34237

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.

Registered Agent Signature: MARK A. HANSON, ESQUIRE

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
RANDY NELSON-OZAR
12 HUCKLEBERRY LANE
WESTON, CT. 06883 US

Title: MGRM
BRUCE OZAR
12 HUCKLEBERRY LANE
WESTON, CT. 06883 US

Title: MGRM
COREY OZAR
343 YORK STREET, #2
JERSEY CITY, NJ. 07302 US

Title: MGRM
SOFIA OZAR
12 HUCKLEBERRY LANE
WESTON, CT. 06883 US

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Signature of member or an authorized representative

Electronic Signature: RANDY NELSON-OZAR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.