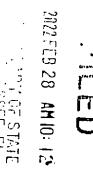
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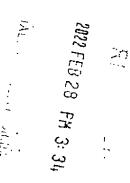
	(Request	ors Name)		
	(Address			
	(Address)		
	(City/Stat	te/Zip/Phone	#)	
PICK-UP		WAIT		MAIL
	(Busines	s Entity Nam	ie)	
	(Docume	nt Number)		
Certified Copies	_	Certificates	s of Status _	
Special Instructions to	Filing O	fficer:		

Office Use Only



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11/3/1/22

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 516765 AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE: February 28, 2022 ORDER TIME : 1:07 PM ORDER NO. : 516765-005 CUSTOMER NO: 4311863 DOMESTIC FILING NAME: N33MM, LLC EFFECTIVE DATE: ___ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

COVER LETTER

	New Filing Sect Division of Corp					
esid (EC	N33MM, LI					
SUBJEC	T:	Name of	Limited Li	ability	Company	
The enck	osed Articles of (Organization and fee(s	s) are submi	itted fo	r filing.	
Please re	turn all correspo	ndence concerning thi	s matter to	the foll	owing:	
	Ivy M. Shapi	ro, Paralegal				
			Nam	ne of Po	erson	
	Blank Rome	LLP				
		<u>-</u>	Firm	n/Com	pany:	
	One Logan S	quare, 9th Floor				
			,	Addres	5	_
	Philadelphia.	, PA 19103				
	11.100		City/Sta	te and	Zip Code	
	michael@flen	ning.us E-mail address: (to be	used for fut	ure ani	nual report notification	on)
For furthe		ncerning this matter, p				
	Ivy M. Shapi	го	215	١	569-5784	
	Nam	e of Person	t (Area Co	de	Daytime Telephone	: Number
Enclose	t is a check for the	he following amount:				
			s C	ertified	00 Filing Fee & I Copy 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 ox 6327 assee, FL 32314		N T 2	treet Address lew Filing Section Di the Centre of Tallaha 415 N. Monroe Stree fallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

the name of the Limited Liabil	hty Company is:					
				2022 FEB 28	AM 10: 1	
N33MM, LLC						
	natin the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")		TOT STAT	
DTICLE II - Address.				* * * * *	wee, FL	
RTICLE II - Address: he mailing address and street	address of the principal o	office of the L	imited Liability Company is	: •		
				•		
<u>Princi</u>	Principal Office Address:		Mailing Address:			
2200 N Ocean Blvd Unit N1002			2200 N Ocean Blvd Unit N1002			
Fort Lauderdale, Fl			Fort Lauderdale, FL 3330)5	_	
RTICLE III - Registered A						
The Limited Liability Compar			igent. You must designate a	n individual or		
nother business entity with an	active Florida registration	on.)				
he name and the Florida stree	t address of the registered	d agent are:				
	Corporation Service	Company				
		Name		_		
	120117 - 6					
	1201 Hays Street	4D O D	10m . 11.	_		
	Florida street addres	ss (P.O. Box <u>i</u>	NOT acceptable)			
	Tallahassee	FL	32301	_		
	City	State	Zip			
ving been named as registered						
ce designated in this certificat						
ther agree to comply with the p familiar with and accept the o					, ana i	
јатика жип апа ассері іне о	Corporation Serv			pier 005, r.s		
	· _ /	,	•			
	By allexsis l					
	Regist	tered 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: Title: "AMBR" = Authorized Member "MGR" = Manager Michael Fleming AMBR ____ 2200 N Ocean Blvd Unit N1002 Fort Lauderdale, FL 33305 (Use attachment if necessary) _.(OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (If 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. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Loy M. Shapiro Usignature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

Ivv M. Shapiro

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)