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FLORIDA LIMITED LIABILITY CO.
730 S. Collier 804, LLC

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**ARTICLES OF ORGANIZATION
OF
730 S. COLLIER 804, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: NAME AND ADDRESS

The name of the Limited Liability Company is 730 S. Collier 804, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II: REGISTERED OFFICE AND AGENT

The principal office and mailing address of the Company is 285 Woodberry Drive, Bloomfield, MI 48304. The Company's Registered Agent is Kristin M. Conroy, whose office is located at 2210 Vanderbilt Beach Road, Suite 1201, Naples, FL 34109.

ARTICLE III: DURATION

The Company shall have perpetual duration.

ARTICLE IV: ORGANIZER

The Organizer of the Company is Jeanine Sova, who is a natural person at least (eighteen) 18 years old.

ARTICLE V: PURPOSE AND POWERS

The Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

ARTICLE VI: MANAGEMENT

The Company is to be managed by the Manager as further provided in the Company's Operating Agreement. The name and address of the Manager is:

Jeanine Sova
285 Woodberry Drive
Bloomfield Hills, MI 48304

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ARTICLE VII. ADMISSION OF NEW MEMBERS

The Company may admit new Members as provided in the Company's Operating Agreement.

ARTICLE VIII. RELATIONSHIP OF ARTICLES OF ORGANIZATION TO OPERATING AGREEMENT

If a provision of these Articles of Organization differs from a provision of the Company's Operating Agreement, then to the extent allowed by law, the Operating Agreement will govern.

Executed this 25 day of February, 2022.


Name: Jeanine Soya

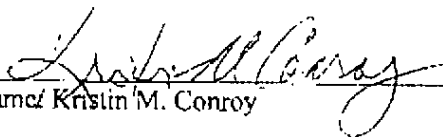
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**ACCEPTANCE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

I, Kristin M. Conroy, the undersigned person, having been named as registered agent and to accept service of process for the above-stated Company at the place designated in this statement. 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.


Name: Kristin M. Conroy

Date: 2-28- 2022

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STATE OF FLORIDA
TALLAHASSEE

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