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**To:**

Division of Corporations  
Fax Number : (850)205-0383

**From:**

Account Name : CORPORATE CLEARANCE CORP.  
Account Number : I20000000011  
Phone : (718)888-7773  
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**LIMITED LIABILITY COMPANY**

**Duplex TA2, LLC**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Duplex TA2, LLC**

FIRST: The name of the Limited Liability Company is:

**Duplex TA2, LLC**

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

**5151 Collins Avenue, Suite 1424, Miami Beach, FL 33140**

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

**Rodney Hakimian**  
**5151 Collins Avenue, Suite 1424, Miami Beach, FL 33140**

*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 608, F.S.*



Rodney Hakimian, Registered agent

FOURTH: The Limited Liability Company is NOT a manager-managed company.

*In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.*



Rodney Hakimian, Member

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