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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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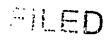
2021 DEC -2 FH 2:1

2021 DEC -2 AH 8: 24 SECHETARY OF STAT

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

University Row Investors LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY DEC -2 AH 8: 24

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The name of the Limited Liability Company is:

SECRETARY OF STATE

			TALL	AHASSEE		
University Row Inve						
(Must conti	in the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Lir	nited Liability Company is:			
Princips	d Office Address:		Mailing Address:			
2 South Biscayne Blvd., Suite 2600 Miami, FL 33131			2 South Biscayne Blvd., Suite 2600 Miami, FL 33131			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its owr ctive Florida registration	n Registered Ag on.)	Agent's Signature: ent. You must designate an individua	Lor		
	_	2				
	Bryn Law Group	Name				
		Nume				
	2 South Biscayne Bl	vd., Suite 2600				
	Florida street addres	s (P.O. Box <u>N</u>	<u>)T</u> acceptable)			
	Miami	Fl.	33131			
	City	State	Zip			
place designated in this certificate, further agree to comply with the pr	I hereby accept the appositions of all statutes r	ointment as requeleting to the p	or the above stated limited liability con istered agent and agree to act in this c coper and complete performance of my gent as provided for in Chapter 605, F	capacity. 1 duties, and I		
		Mark Br	yn			
	Regist	ered Agent's S	gnature (REQUIRED)			
		(CONTINU	ED)			

AR	T'1	C1	L.	IM_{-}

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>MGR</u>	Biscayne Manager, LLC 2 South Biscayne Blvd., Suite 2600 Miami, FL 33131
	SECOND DEC
(Use attachment if necessary)	FL ATE
If an effective date is listed, the date must be be date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Gren Nacron
This document is exe	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State

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

Greg Narcon, Manager of Biscayne Manager, LLC

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)