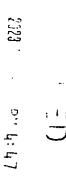
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Certified Copies	Certificates of Status
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Special Instructions to Fi	ling Officer:
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/04/2023	
Name:	Merritt	
Reference	#:2088437	
	ge: <b>3</b> .	300 DIXIE LLC
	cles of Incorporation/Authoriza	
☐ Ame	endment	
Cha	nge of Agent	
Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
✓ Other	erCERTIFIED	COPY OF THE FILING EVIDENCE
Authorized	Amount: <b>\$155</b>	
Signature:	mw	

F: 800.944.6607



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Account#: I20000000088

Date:	08/04/2023	
Name:	Merritt	
Reference	#:2088437	<u></u>
	e: <b>330</b>	DIXIE LLC
	les of Incorporation/Authorizatio	
☐ Ame	endment	
Chai	nge of Agent	
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☐ Fictit	tious Name	
<b>✓</b> Othe	cerCERTIFIED CC	PY OF THE FILING EVIDENCE
Authorized	Amount: <b>\$155</b>	
	mw	

F: 800.944.6607

F: +852,2682,9790

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:				
3300 Dixie LLC (Must cont	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal (	office of the Limited	Liability Company is:		
Princip	al Office Address:		Mailing Addr	ess:	
111 SW 29th Road			111 SW 29th Road		
Miami, Florida 3312	9	Miar	Miami, Florida 33129		
	Robert Sekula	Name			
	Florida street address (P.O. Box NOT acceptable)				
	Miami	<u>Florida</u>	33129		
	City	State	Zip		
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 605, F.S  Robert Sekula					
	Regist	tered Agent's Signan			

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR NPV Manager Florida LLC 111 SW 29th Road Miami, Florida 33129 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (OPTIONAL) (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. The limited liability company shall be manager-managed REQUIRED SIGNATURE: Robert Sekula Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Robert Sekula, as manager of NPV Manager Florida 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)

ARTICLE IV-

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