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From: DAVID J. WIENER (561)366-9144 DAVID J. WIENER, P.A ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL, 33401

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.				
2.	Corporation Name)	(Document #)		
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☐ Walk in	Pick up time		Certified Copy	
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NEW FILINGS		<u>AMENDMENTS</u>	e e e e e e e e e e e e e e e e e e e	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILE	NGS	REGISTRATION/	<u>QUALIFICATION</u>	
Annual Re		☐ Foreign ☐ Limited Partner ☐ Reinstatement ☐ Trademark ☐ Other	aship 99 WSt	
			Examiner's Initials	

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	Ι-	Nam	e:
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The name of the Limited Liability Company is:

Live Oak Investments, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: One North Clematis Street, Suite 305, West Palm Beach, FL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: David J. Wiener, Esq. Name One North Clematis Street, Suite 305 Florida street address (P.O. Box NOT acceptable) West Palm Beach

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 gapacity. I Arther 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.

City, State, and Zip

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

> ist be added if an effective date is requested) (An additional

Signature of a member or an authorized representative of a member.

(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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)