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Florida Department of State
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To: Division of Corporations
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From: Account Name : GERALD WEINBERG, P.C.
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03 AUG - 8 PM 3:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

DELWOOD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AND
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8/9/08
0003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELWOOD, LLC

ARTICLE II - Address:

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

405 WEST 23rd St., Apt 4E, NEW YORK, NY 10011

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

The name and the Florida street address of the registered agent are:

GARY R. MARLIN

Name

250 CATALONIA AVENUE #303

Florida street address (P.O. Box NOT acceptable)

CORPUS CALLES FL 33134

City, State, and 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 608, F.S.

X [Signature]

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.

(An additional article must be added if an effective date is requested)

Katherine E. Mitchell

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

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KATHERINE E. MITCHELL, AUTH REP.

Typed or printed name of signer

SECRETARY OF STATE
AL LAKESSER, FLORIDA

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APPROVED
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