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To:
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From:
Account Name : EMPIRE CORPORATE KIT COMPANY
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

300 majorca, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

300 MAJORCA, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: 300 MAJORCA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 143401, Coral Gables, Florida 33114

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

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

Arvex & Associates, PLLC

Name

201 Alhambra Circle, Suite 502

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

Coral Gables, Florida 33034

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.

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. The Managing Member is:
Orion Holdings, Inc.

Registered Agent's Signature

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

(In accordance with section 608.408(3), Florida Statute, the execution of this affidavit constitutes and affirms under the penalties of perjury that the facts stated herein are true.)

Waldo Tomas, III for Orion Holdings, Inc.

Typed or printed name of signer

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