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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT:		Holdings, L.L.C.			
	(14dille of Emilion	a blability company)			
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
•		-			
	Sab	iha Malik			
	(1	Name of Person)			
_		ey & Korman, P.C.			
	()	Firm/Company)			
	2000 North 14	th Street, Suite 100			
		(Address)			
				₩ Q	
			į.	FB 5	-
 _		on, Virginia 22201	<u> </u>	우리 등	
	(City)	State and Zip Code)	v.	SECRETARY OF	
			=	E C	
For further information	concerning this matter, please	call:		70	€231 13 °
		FOE 4000	î	8: 23 FLORID	4
	iha Malik of Person)	at (703) 525-4000 (Area Code & Daytime Te	i Jambana Nisabak		
(Panie	of Felson)	(Alea Code & Dayinne 10	Cacumba anomalas		
England in a short C	45 - C-11				
enclosed is a check to	or the following amount:				
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy		Status &	
		(additional copy is enclosed)	Certified Copy (additional copy		
AMB.	sem Appress.		DDDDGG		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company	ris:	
	Southern Hold	dings, L.L.C.	
ARTICLE II - Address: The mailing address and		e principal office of the Limited	1 Liability Company is:
Principal Office Addres	<u>is:</u>	Mailing Address:	
141 Crandon Boulevard		141 Crandon Boulevard	<u> </u>
Unit #137	<u> </u>	Unit #137	
Key Biscayne, Florida 3314	i9 <u></u>	Key Biscayne, Florida 33149	9
	· · · · · · · · · · · · · · · · · · ·	tin Belkin Jame	05 JUN SECRET
	141 Crandon B	Boulevard, Unit #137	ASS
	Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	
	Key Biscayne	FL 33149	FLC &
	City, St	tate, and Zip	ORI 2
liability company at t registered agent and ag statutes relating to the	the place designated ree to act in this cap proper and comple	d to accept service of process for d in this certificate, I hereby acce pacity. I further agree to comply the performance of my duties, and registered agent as provided for	opt the appointment as with the provisions of all I am familiar with and
	Registered A	gent's Signature	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Manag		Name and Address:				
MGR		Maurice Flynn				
MOIN	P.O. Box 5439		-fe-	••		
		Washington, DC 20016			· .	
	<u></u>				•:	
	·				<u>.</u> , .	
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	ه سه ده چ د پښتي		<u> </u>			
				÷	-	
				-		-
(Use attachment	if necessary)					
NOTE: An add	itional article must be	added if an effective date is requested.				
REQUIRED SI	GNATURE:		I.			
	Ŋſ	Jul Lung		SECF	ال 50	ाकृ
	Signature of a member or	an authorized representative of a member.	7	ET.	Z.	3 8
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)		ARY OF ISSEE, F	29 AH	
		Maurice Flynn, Manager	‡	107 715	ထံ	
	Typed	or printed name of signee		RIDA	23	1

Flling 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)