

L05000113010

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To: **FRENDA TADLOCK**
Division of Corporations
Fax Number : (850)205-0383

From: **GAIL ANDRE**
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN ME A CERTIFICATE OF STATUS AND CERTIFICATION OF FILING AS SOON AS POSSIBLE. THANK YOU VERY MUCH FOR ALL YOUR HELP.

LIMITED LIABILITY COMPANY

OXO HAMAK LP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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11/23

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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**ARTICLES OF ORGANIZATION
OF
OXO HAMAK LP, LLC**

ARTICLE I - NAME

The name of this limited liability company is OXO HAMAK LP, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 319 North Magnolia Avenue, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 319 North Magnolia Avenue, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Thomas F. Lang.



Thomas F. Lang, Member or Authorized
Representative of a Member

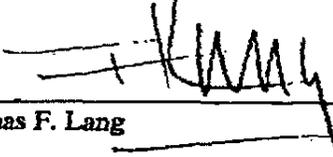
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ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Thomas F. Lang

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