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TALCAHASSEE, FLORID.

SECRETARY OF STATE

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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

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MIAMI, FL 33165 (305) 552-	5973	3
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CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (ii	known):
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NEW FILINGS	<u>AMENDMENTS</u>	•••
Profit . Not for Profit	Amendment Resignation of I	R.A., Officer/Director
Limited Liability	Change of Regi	stered Agent
Domestication Other	Dissolution/Wit Merger	hdrawal
OTHER FILINGS	REGISTRATION/	OUALIFICATION .
Annual Report Ficutious Name	Foreign Limited Partner Reinstatement Trademark	· ,
	☐ Other	Evaminar's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	PERSONAL PROPERTY OF THE PROPE
LANAI FUNDS, L.L.C.	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8360 W. Flagler, Street	8360 W. Flagler Street
Suite #200	Suite #200
Miami, Florida 33144	Miami, Florida 33144
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:

PATRICIA DE LARREA
Name
8360 W. Flagler Street, Suite #200 Florida street address (P.O. Box NOT acceptable
MIAMI FL 33144
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..

Registered Agent's Signature (REQUIRED)

(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:

MGR	_	PATRICIA DE LARREA
	-	8360 West Flagler Street
		Suite #200 Miami, Florida 33144
·	-	
	i	
Use attachment if r	necessary)	
F V. Effective det	a if other than the de	ote of filing: (OPTION
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days after the date		pecine and cannot be more than five business d
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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.)

PATRICIA DE LARREA

Typed or printed name of signee

Filing 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)