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A1a Incorporation

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Florida Department of State  
Division of Corporations  
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From: Account Name : CSH SERVICES, LLC  
Account Number : I200700C0160  
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**FLORIDA LIMITED LIABILITY CO.**

**Tomer H Cape01, LLC**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I      NAME**

The name of the Limited Liability Company is:

TOMER H CAPE01, LLC

**ARTICLE II      ADDRESS**

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

782 LAKE BOULEVARD  
WESTON, FLORIDA 33326**ARTICLE III      REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

TOMER HEMO  
782 LAKE BOULEVARD  
WESTON, FLORIDA 33326

Having been named as registered agent 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 Tomer Hemo  
TOMER HEMO / Registered Agent's signature

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PAGE 2 TOMER H CAPE01, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGER

TOMER HEMO

782 LAKE BOULEVARD

WESTON, FLORIDA 33326

.....

x Tomer Hemo  
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.

TOMER HEMO

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