Division of Corporations L15000168317 https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000168235 3)))

H15000168235ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
15 JUL -9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -9 PM 4:52
RECEIVED

FLORIDA LIMITED LIABILITY CO.

1221 MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

ARTICLES OF ORGANIZATION
OF
1221 MANAGEMENT LLC

ARTICLE I: - Name
The name of the Limited Liability Company is 1221 MANAGEMENT LLC

ARTICLE II: - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

c/o 1848 Capital Partners, LLC
1221 Brickell Avenue
Suite 2660
Miami, Florida 33131

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

FILED
15 JUL -9 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, F.S.

NRAI Services, Inc., as Registered Agent

By: Michele Holden, Asst. Sec.
Name: Michele Holden
Title: Assistant Secretary

ARTICLE IV: - Management
The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:	Name and Address:
MGR	Joshua C. Wood 1221 Brickell Avenue Suite 2660 Miami, Florida 33131

MGR

Tom Staz
1221 Brickell Avenue
Suite 2660
Miami, Florida 33131

[Signature on the next page]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on July 9, 2015.

Joshua C. Wood, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Joshua C. Wood
Typed or printed name of signee

FILED
15 JUL -9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA