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Division of Corporations

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

From: Rosa Wong, Paralegal  
Account Name : AKERMAN LLP - MIAMI  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

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

Email Address: daniel.schwartz@akerman.com

**FLORIDA LIMITED LIABILITY CO.  
NVADA HOLDINGS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
NVADA HOLDINGS, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **NVADA HOLDINGS, LLC**

**ARTICLE II: - Address**

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

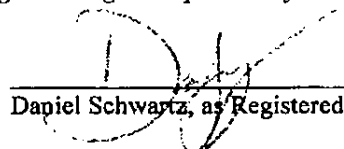
**1900 Purdy Ave  
Apt. 1507  
Miami Beach, Florida 33133**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Daniel Schwartz  
1900 Purdy Ave  
Apt. 1507  
Miami Beach, Florida 33133**

*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.*

  
\_\_\_\_\_  
Daniel Schwartz, as Registered Agent

**ARTICLE IV: - Management**

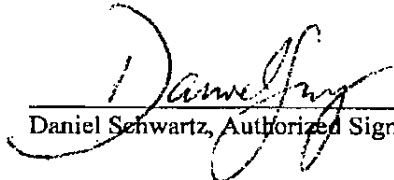
The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMGR	Daniel Schwartz 1900 Purdy Ave., Apt. 1507 Miami Beach, Florida 33133

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on August 1, 2016.

  
Daniel Schwartz, Authorized Signer

(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.)

Daniel Schwartz  
Typed or printed name of signee

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