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

From:
Account Name : BRINKLEY, MORGAN
Account Number : 076077003213
Phone : (954)522-2200
Fax Number : (954)522-9123

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
S&P TRUST HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: S&P Trust Holdings LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William T. Coleman
Name of Person

Brinkley Morgan
Firm/Company

One Financial Plaza, 100 SE 3rd Avenue, 23rd Floor
Address

Fort Lauderdale, FL 33394
City/State and Zip Code

william.coleman@brinkleymorgan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William T. Coleman at (954) 522-2200
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- [ ] $125.00 Filing Fee
- [ ] $130.00 Filing Fee & Certificate of Status
- [x] $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

S&P Trust Holdings LLc
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:	Mailing Address:
200 East Las Olas Blvd., Suite 1600	Same
Fort Lauderdale, FL 33301	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Douglas Kutzger
Name

200 East Las Olas Blvd., Suite 1600
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale	FL	33301
City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Douglas Kutzgar 200 East Las Olas Blvd., Suite 1600 Fort Lauderdale, FL 33301
AMBR	Douglas Kutzgar, Trustee of the Pinter Grandchildren Trust dated 05/04/2017; 200 East Las Olas Blvd. Suite 1600, Fort Lauderdale, FL 33301
AMBR	Jonathan Heller, Trustee of the Stern Family 2017 Trust dated 04/03/2017; 121 East 23rd Street, #18C New York, NY 10010

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
The Company shall be managed pursuant to an operating agreement.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

Douglas Kutzgar, Manager
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)

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