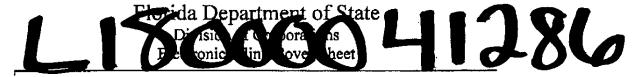
Division of Corporations

Page 1 of 2



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.

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To:

Division of Corporations

Fax Number : (850

: (850)617-6381

From:

Account Name' : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email Address:

18 FEB 16 AM 8: 00

FLORIDA LIMITED LIABILITY CO. 9928 Yellowfield Drive LLC

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Estimated Charge	\$125.00

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FEB 1 9 2018

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Help

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY			
ARTICLE I - Name:	*	* *				
The name of the Limited Liability	Company is:					
·						
9928 Yellowfield Driv	ze L.f.C		•			
		Liability Company,	, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:			
<u>Principa</u>	Office Address:		Mailing Address:			
c/o Arnold & Porter		c/o A	rmold & Porter			
250 W 55th Street			W 55th Street			
New York, NY 10019	-9710	<u></u>	York, NY 10019-9710			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	eannot serve as its own tive Florida registration	Registered Agent. \on.)	t's Signature: / ou must designate an individual or	A	2018 FEB	
	Vcorp Services, LLC	1		174-4 191 ₀₉	9	I
	veurp services, Line	Name		1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
				F-1 C-14	ထ္	
	5011 South State Ro				TT CT	
	Plorida street addres	s (P.O. Box <u>NOT</u> ac	sceptable)	1000	လ	
	Davie	FL	33314			
	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. Ifurther 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)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lori Silbert
	c/o Amold & Porter, 250 W 55th Street
	New York, NY 10019-9710
AMBR	Lori Silbert Revocable Trust
	c/o Arnold & Porter 250 W 55th Street
	New York, NY 10019-9710
•	
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