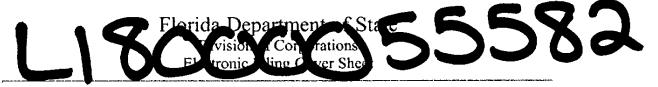
Division of Corporations



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)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (614)280-3338
Fax Number: (954)208-0845

\*\*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. 5917 Olive Ave., LLC

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Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

2018 MAR -5 PM 2: 31
SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

5917 OLIVE AVE. LLC

(Must contain the words "Limbed 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:

250 PRESIDENT STREET, UNIT 313

BALTIMORE MD 21202

250 PRESIDENT STREET, UNIT 313 BALTIMORS, MD 21202

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:

CHARLES CHERKES

Name

9397 MIDNIGHT PASS ROAD, L'NIT 603

Florida street address (P.O. Box NOT acceptable)

SARASOTA

FL

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 contificate. I heraby accept the appointment as registered ugent and agree to act in this capacity. I further agree to comply with the provisions of all squates relating to the proper and complete performance of my duties, and it um 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)

To: Page 4 of 4

CHARLES CHERKES  250 PRESIDENT STREET, UNITED 13  BALTIMORE MD 21202  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing: UPON FILING (OPTIONAL)  affective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days  are of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.  REQUIRED SIGNATURE  Signature of a member or an authorized representative of a member.	Title: "AMBR" = Authorized Member	Name and Address;
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Filing Feet:
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\$ 30.00 Certified Copy (Optional)
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