

T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Senequity LLC

Signature \_\_\_\_\_

Requested by: Seth

05/16/18

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

SENEQUITY LLC

**ARTICLE II - ADDRESS**

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

255 Pershing Way  
West Palm Beach, FL 33401

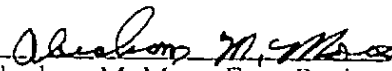
**ARTICLE III - REGISTERED AGENT, REGISTERED  
OFFICE & REGISTERED AGENT'S SIGNATURE**

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

Abraham M. Mora, Esq.  
777 S. Flagler Drive, Suite 1000E  
West Palm Beach, FL 33401

**FILED**  
**18 MAY 17 PM 1:35**  
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.

  
Abraham M. Mora, Esq., Registered Agent

**ARTICLE IV - MANAGER(S) OR AUTHORIZED MEMBER(S)**

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

Title:

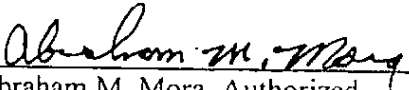
Name and Address:

Manager

Robert Scharf  
255 Pershing Way  
West Palm Beach, FL 33401

## ARTICLE V - COMPANY'S EXISTENCE

The Company's existence shall begin effective as of the filing date with the Florida Division of Corporations.

  
Abraham M. Mora, Authorized  
Representative

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**FILED**  
**18 MAY 17 PM 1:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA