Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| | Division of Corporations | 0 |
| | Fax Number : (850)617-6381 | |
| From: | | - |
| | Account Name : BUSINESS FILINGS | |
| | Account Number : 105256001620 | $\ddot{\wp}$ |
| | Phone : (608)827-5300 | |
| | Fax Number : (608)827-5501 | 21 |

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FLORIDA LIMITED LIABILITY CO.

Las Olas Local LLC

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

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ARTICLES OF ORGANIZATION Las Olas Local LLC

ARTICLE I

NAME

The name of the limited liability company is: Las Olas Local LLC

ARTICLE H

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 1625 SE 10th Avenue Apt 810, Fort Lauderdale, Florida 33316-2980.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:

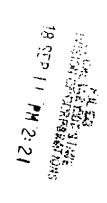
Date: August 1, 2018

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Jennifer Nayak, 1625 SE 10th Avenue Apt 810, Fort Lauderdale, Florida 33316-2980

FAX AUDIT # 18000 2633663



Date: aug 5, 2018

ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

Authorized Representative

(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 \$.817.155, F.S.)