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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

AGGOLDIE VO. TOOOGGOOGGO
ACCOUNT NO. : I2000000195
REFERENCE : 547752 8941A
AUTHORIZATION: Spelle Ren
COST LIMIT : \$ 125.00
ORDER DATE : December 17, 2018
ORDER TIME : 3:09 PM
ORDER NO. : 547752-005
CUSTOMER NO: 8941A
DOMESTIC FILING
NAME: CSD EQUITY, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CSD Equity, L				
(Mus	t contain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Limited	Liability Company is:	
<u>P</u> :	rincipal Office Address:		Mailing Add	<u>lress</u> :
19925 NE 39th	Place, #403	Samo	e	
Aventura FL				
The name and the Florida	street address of the registered Bruce Green	l agent are:		
		Name		
	1212 C	•		
	1313 South Andrews Florida street address		centable)	
	riorida sireet addres:	5 (1.0. Dox <u>301</u> ac	ceptable)	
	Fort Lauderdale	FL	33316	
	City	State	Zip	
urther agree to comply with		elating to the proper	and complete performa as provided for in Chapte	nce of my duties, and I
			•	
				18 DEC SECRETA

ARTICLE IV-

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

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)	Title:	uthorized Member	Name and Address:
AMBR Coby Shurgin 19925 NE 39th Place, #403 Aventura FL 33180 Dean Shalem 19925 NE 39th Place, #403 Aventura FL 33180 (Use attachment if necessary) E V: Effective date, if other than the date of filing:			
19925 NE 39th Place, #403			Cohy Shurgin
AMBR Dean Shalem 19925 NE 39th Place, #403 Aventura FL 33180 (Use attachment if necessary) E V: Effective date, if other than the date of filing:			
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: EV: Effective date, if other must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. EVI: Other provisions, if any. REOURED 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. Dean Shalem 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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