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Account Number : 076103002011 Phone : (305)423-3556

Fax Number : (305)533-1587

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Email Address: <u>Allisonviga@wm/10w.com</u>

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FLORIDA LIMITED LIABILITY CO.

ONE ROBLE PM, LLC

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FAX AUDIT NO. H 190001137963

ARTICLES OF ORGANIZATION OF ONE ROBLE PM, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is: ONE ROBLE PM, LLC.

ARTICLE II - Address

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

1428 Brickell Avenue, Suite 502 Miami, Florida 33131	2019 API SECRE
ARTICLE III - Registered Agent/Office	9 APR -5 CRETARY LAHASSE
The name and Florida street address of the registered agent is:	RY OF
Bernardo Sacchini 1428 Brickell Avenue, Suite 502 Miami, Florida 33131	AM IO: 38

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

Bernardo Sacchini

The undersigned authorized representative on behalf of member has executed these Articles of Organization this 01 day of April 2019.

Bernardo Sacchini.

(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.)