# Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HAILE, SHAW & PRAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ben.plotkin@stifel.com

# FLORIDA LIMITED LIABILITY CO. LORBEN, LLC

Certificate of Status	0
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### ARTICLES OF ORGANIZATION

OF

## LORBEN, LLC

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

#### ARTICLE I - NAME

The name of the limited liability company is LORBEN, LLC (the "Company").

#### ARTICLE II - ADDRESS

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

225 Regatta Drive		
Jupiter, FL 33477		

### ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

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#### ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized managers of the Company are:

Title	Name and Address	_
Manager	Ben Plotkin	
	225 Regatta Drive	
	Jupiter, FL 33477	
Manager	Loren Plotkin	
	1301 NW 158th Street	
	Edmond, OK 73013	

Dated: April 21e, 2019

REQUIRED SIGNATURE

Philip M. DiComo 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 s.817.155, F.S.)