

Division of Corporations

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

Email Address: lross@fowler-white.com

FLORIDA LIMITED LIABILITY CO. SASSAFRAS FAMILY OFFICES, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
SASSAFRAS FAMILY OFFICES, LLC

ARTICLE I

The name of the limited liability company formed hereby is SASSAFRAS FAMILY OFFICES, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

ARTICLE IV

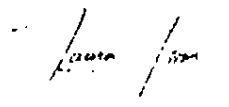
The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Laura Ross, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Earl Spencer Stewart
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131



Laura Ross,
as Authorized Representative of the Member

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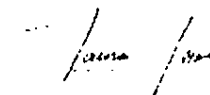
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SASSAFRAS FAMILY OFFICES, LLC.
2. The name and address of the Registered Agent and Office is:

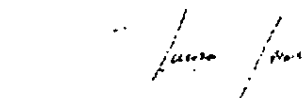
Laura Ross, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

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.



Laura Ross, Registered Agent
Date: May 29, 2019

SASSAFRAS FAMILY OFFICES, LLC



By: _____
Laura Ross,
as Authorized Representative
of the Member

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