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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
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Account#: I20000000088

Date:	08/15/2019	 .			
	Merritt Wall	ker			
Reference #	:11187	54			
Entity Name	NDN	I FUND MANA	GEMENT, LLC		
	es of Incorporation/A				
Amer	idment				
☐ Chan	ge of Agent				
Reinstatement					
Conversion					
☐ Merger					
☐ Disso	lution/Withdrawal				
Fictition	ous Name				
✓ Other	CE	RTIFIED COPY OF	THE FILING EVIDENCE		
Authorized A	mount:	\$155			
Signature: _	ш	N			



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Account#: 120000000088

Date:	08/15/2019				
Name:	Merritt Walker				
	1118754				
		ND MANAGEMENT, LLC			
✓ Articl	es of Incorporation/Autho	rization to Transact Business			
Ame	ndment				
Change of Agent					
Reinstatement					
Conversion					
Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
✓ Othe	r CERTIFI	ED COPY OF THE FILING EVIDENCE			
Authorized A	Amount: \$15 5	<u> </u>			
Signature: _	uw				

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

NDM FUND MANAGEMENT, LLC

ARTICLE I – NAME: The name of the limited liability company is NDM FUND MANAGEMENT, LLC (the "Company").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is One Town Center Road, Suite 600, Boca Raton, FL 33486. The street address of the principal office of the Company is One Town Center Road, Suite 600, Boca Raton, FL 33486.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the Company's registered agent are:

Cogency Global Inc. 115 North Calhoun Street Suite 4 Tallahassee, FL 32301

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 in Chapter 605. Florida Statutes.

Cogency Global Inc.

By: Messett Walker

Name: Mercitt Walker
Title: Asst. Decretary

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Member NRF Hospitality, LLC One Town Center Road, Suite 600

Boca Raton, FL 33486

Name and Address

Title

Member

DAF Hospitality, LLC

One Town Center Road, Suite 600

Boca Raton, FL 33486

Member

MPF Hospitality, LLC

One Town Center Road, Suite 600

Boca Raton, FL 33486

REQUIRED SIGNATURE:

Daniel Falcone, Authorized Person

(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.)