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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Rosa Wong, Paralegal

Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

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

Email Address: glen.stankee@akerman.com

FLORIDA LIMITED LIABILITY CO.
Native Trade, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Native Trade, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:6300 Stirling Road
Hollywood, FL 33024**Mailing Address:**6300 Stirling Road
Hollywood, FL 33024**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

The Seminole Tribe of Florida, Inc.

Name

6300 Stirling RoadFlorida street address (P.O. Box **NOT** acceptable)HollywoodFlorida33024

City

State

Zip

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.

By Maurice D. [Signature]

for Seminole Tribe of Florida, Registered Agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

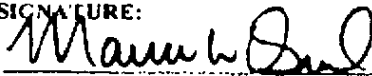
Name and Address:

Seminole Tribe of Florida

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED 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.

By: Marcelius W. Osceola Jr.
for Seminole Tribe of Florida, Sole Member
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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TALLAHASSEE, FL 32399

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From:

09/06/2019 11:44

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porterwright

Porter Wright Morris & Arthur LLP
41 South High Street
Suites 2800-3200
Columbus, Ohio 43215-6194
Main Telephone #: 614.227.2000
Main Facsimile #: 614.227.2100

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Date: September 6, 2019 User: 6453 Client Matter #: 0698000-001000

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PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #:
1. Division of Corporations RE: ATHFAR 828, INC. Comments:	Florida Dept of State	850-617-6381	

Attached please find Articles of Incorporation regarding the above-referenced entity.

From: Theodore R. Walters, Esq. Phone No. 239-593-2965
THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

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