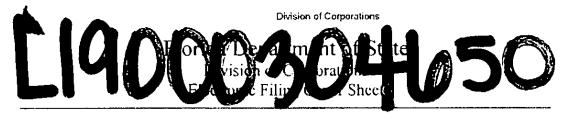
19542080845 From: Ranae McGraw

12/19/2019



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO. McCausland Family Investments 1 LLC

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

name of the Limited Liability Company is:	
, mino of the Difficed Entrolly Conquary in	
MaCausland Parish, Investments 1.11.C	
McCausland Family Investments 1 LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
e mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11450 SE Dixie Highway, Suite 105	c/o McCausland Family Office
	11450 SE Dixie Highway, Suite 105
Hobe Sound, FL 33455-5233	
Hobe Sound, FL 33455-5233	Hobe Sound, FL 33455-5233

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

C T Corporation Sys	stein	
	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
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. Thereby accept the appointment as registered agent and agree to act in this capacity. 1further 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.,

> Ann J. Williams, Assistant Secretary (CONTINUED)

AMBR" = Authorized Member AGR" = Manager AGR	
<u> </u>	Peter McCausland
	c/oMcCausland Family Office, 11450 SE Dixie Hwy,
	Suite 105 Hobe Sound, FL 33455-5233
	Sake 195 Three county 1 C 55755 5225
	
tive date is listed, the date must be specific and filing.)	. (OPTIONAL) cannot be more than five business days prior to or 90
V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the apent's effective date on the Department of State's	cannot be more than five business days prior to or 90 opticable statutory filing requirements, this date will not
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V: Effective date, if other than the date of filing: _ tive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the apent's effective date on the Department of State's VI: Other provisions, if any. EOUIRED SIGNATURE:	cannot be more than five business days prior to or 90 opticable statutory filing requirements, this date will not
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