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Special Instructions to Fil	ing Officer:	
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2020 FEB 17 AMID: 27 SECRETARY OF STATE TALLAHASSEE, FL



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 182671 AUTHORIZATION : COST LIMIT : ORDER DATE: February 17, 2020 ORDER TIME : 11:08 AM ORDER NO. : 182671-010 CUSTOMER NO: 4300043 DOMESTIC FILING NAME: BLOOM HOLDINGS II, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

CORPORATION SERVICE COMPANY

XX ARTICLES OF ORGANIZATION

CERTIFIED COPY
XX PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

# FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB 17 AM 10: 27

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ity Company is:			SECRETARY
			TALLAHA
GS II, LLC			
	Liability Company, "	L.L.C.," or "LLC.")	
iddress of the principal of	office of the Limited L	iability Company is:	
nal Office Address:		Mailine Add	ress:
REET			
	DOR.	AL, FL 33172	
ent. Registered Office, y cannot serve as its own active Florida registrati	n Registered Agent. Y on.)		idividual or
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y cannot serve as its own active Florida registration address of the registere STEVEN TCHIRA 8900 NW 33RD ST	n Registered Agent. Y on.)  d agent are:	ou must designate an in	idividual or
y cannot serve as its own active Florida registration address of the registere STEVEN TCHIRA 8900 NW 33RD ST	n Registered Agent. Y on.) d agent are:  Name REET, SUITE 100	ou must designate an in	dividual or
	nddress of the principal	atin the words "Limited Liability Company."  address of the principal office of the Limited L  pal Office Address:  REET 8900  SUIT	atin the words "Limited Liability Company, "L.L.C.," or "LLC.")  address of the principal office of the Limited Liability Company is:  Mailing Add  REET  8900 NW 33RD STREET  SUITE 100

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = A "MGR" = Ma:	authorized Member	
<u>MGR</u>	STEVEN TCHIRA	
	8900 NW 33RD STREET, SUITE 100 DORAL, FL 33172	
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REOUIRED	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.	
	STEVEN TCHIRA	
	Typed or printed name of signee	
	S	
	Filing Fees	

#### 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)