Electronic Articles of Organization For Florida Limited Liability Company

L20000057036 FILED 8:00 AM February 20, 2020 Sec. Of State tscott

Article I

The name of the Limited Liability Company is: SLCREI SIX, LLC

Article II

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

240 NW PEACOCK BLVD. #302 C/O FETTERMAN FIRM PORT ST. LUCIE, FL. US 34986

The mailing address of the Limited Liability Company is:

P.O. BOX 881704 PORT ST. LUCIE, FL. US 34988

Article III

Other provisions, if any:

THE COMPANY SHALL BE A MANAGER-MANAGED LIMITED LIABILITY COMPANY.

Article IV

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

ADAM FETTERMAN 240 NW PEACOCK BLVD. #302 C/O FETTERMAN FIRM PORT ST. LUCIE, FL. 34986

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.

Registered Agent Signature: ADAM FETTERMAN

Article V

The name and address of person(s) authorized to manage LLC:

Title: AR ADAM FETTERMAN 240 NW PEACOCK BLVD., #302 PORT ST. LUCIE, FL. 34986 US

Title: MGR ANDREW JONAS P.O. BOX 881704 PORT ST. LUCIE, FL. 34988 US

Signature of member or an authorized representative

Electronic Signature: ADAM FETTERMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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