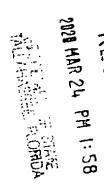
# L20000088031

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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# FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/24/20

NAME: DANUBE LAND HOLDINGS LLC

TYPE OF FILING: ARTICLES

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 HAR 24 AM 9: 13

SECRETARY OF STATE TALLAHASSEE, FL

| Danube | Land | Hold | ings | LLC | 7 |
|--------|------|------|------|-----|---|
|        |      |      |      |     |   |

| Danube Land Ho                                                   | ldings LLC                                                                                                                       |                                                                  |                                                                                                                                                                                         |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Must                                                            | conatin the words "Limited I                                                                                                     | iability Company                                                 | , "L.L.C.," or "LLC.")                                                                                                                                                                  |
| ARTICLE II - Address:                                            |                                                                                                                                  |                                                                  |                                                                                                                                                                                         |
| The mailing address and stre                                     | et address of the principal of                                                                                                   | ffice of the Limite                                              | d Liability Company is:                                                                                                                                                                 |
| Principal Office Address:                                        |                                                                                                                                  |                                                                  | Mailing Address:                                                                                                                                                                        |
| 1775 Hancock Street Suite 200                                    |                                                                                                                                  | 177                                                              | 75 Hancock Street Suite 200                                                                                                                                                             |
| San Diego, CA 92110                                              |                                                                                                                                  | Sar                                                              | n Diego, CA 92110                                                                                                                                                                       |
| The Limited Liability Companother business entity with           | Agent, Registered Office, or<br>pany cannot serve as its own<br>an active Florida registration<br>reet address of the registered | Registered Agent<br>n.)                                          | ent's Signature:<br>. You must designate an individual or                                                                                                                               |
| The name and the Pionda st                                       |                                                                                                                                  |                                                                  |                                                                                                                                                                                         |
|                                                                  | Paracorp Incorporated                                                                                                            |                                                                  |                                                                                                                                                                                         |
|                                                                  |                                                                                                                                  | Name                                                             |                                                                                                                                                                                         |
|                                                                  | 155 Office Plaza Driv                                                                                                            |                                                                  |                                                                                                                                                                                         |
|                                                                  | Florida street address                                                                                                           | s (P.O. Box <u>NOT</u>                                           | acceptable)                                                                                                                                                                             |
|                                                                  | Tallahassee                                                                                                                      | FL                                                               | 32301                                                                                                                                                                                   |
|                                                                  | City                                                                                                                             | State                                                            | Zip                                                                                                                                                                                     |
| lace designated in this certifi<br>urther agree to comply with t | cate, I hereby accept the appo<br>he provisions of all statutes re<br>ne obligations of my position of                           | ointment as registe<br>elating to the prop<br>as registered agen | he above stated limited liability company at t<br>ered agent and agree to act in this capacity.<br>er and complete performance of my duties, a<br>t as provided for in Chapter 605, F.S |
|                                                                  | Regist                                                                                                                           | ered Agent's Sign                                                | ature (REQUIRED)                                                                                                                                                                        |
|                                                                  |                                                                                                                                  | CONTENTED                                                        | ۸ .                                                                                                                                                                                     |

(CONTINUED)

| 4 PATE |   | •     |       |
|--------|---|-------|-------|
| ART    | ĸ | ata - | 1 V - |

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

| Title: "AMBR" = Authorized Member                                           | Name and Address:                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGR" = Manager                                                             |                                                                                                                                                                                                                                           |
| MGR                                                                         | Deepak Işrani                                                                                                                                                                                                                             |
|                                                                             | 1775 Hancock Street Suite 200                                                                                                                                                                                                             |
|                                                                             | San Diego, CA 92110                                                                                                                                                                                                                       |
|                                                                             |                                                                                                                                                                                                                                           |
|                                                                             | SECRETALLA                                                                                                                                                                                                                                |
|                                                                             | <u> </u>                                                                                                                                                                                                                                  |
|                                                                             |                                                                                                                                                                                                                                           |
|                                                                             | R 24 AM 9:<br>LAHASSEE,                                                                                                                                                                                                                   |
|                                                                             |                                                                                                                                                                                                                                           |
| <del></del>                                                                 |                                                                                                                                                                                                                                           |
|                                                                             | <u> </u>                                                                                                                                                                                                                                  |
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|                                                                             |                                                                                                                                                                                                                                           |
|                                                                             | <del></del>                                                                                                                                                                                                                               |
|                                                                             | <u> </u>                                                                                                                                                                                                                                  |
|                                                                             |                                                                                                                                                                                                                                           |
|                                                                             |                                                                                                                                                                                                                                           |
| (Use attachment if necessary)                                               |                                                                                                                                                                                                                                           |
| (If an effective date is listed, the date must be s<br>the date of filing.) | meet the applicable statutory filing requirements, this date will not be listed as t of State's records.                                                                                                                                  |
| ARTICLE VI: Other provisions, if any.                                       |                                                                                                                                                                                                                                           |
|                                                                             |                                                                                                                                                                                                                                           |
| REQUIRED SIGNATURE:                                                         | ent man                                                                                                                                                                                                                                   |
| This document is exect I am aware that any fal                              | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes.  se information submitted in a document to the Department of State  ee felony as provided for in s.817.155, F.S. |
| Deepak Israni                                                               | 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)

# 2020 HAR 24 AM 9:

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 3/23/2020

ENTITY NAME: Danube Land Holdings LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated