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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:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.**  
**Seltahs Acquisition LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2020 JUL 10 AM 9:33

FILED  
2020 JUL 10 PM 5:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 7/17/2020*



July 9, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUMBERG

SUBJECT: SELTAHS ACQUISITION LLC  
REF: W20000070959

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Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H20000215482  
Letter Number: 720A00013371

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Seltahs Acquisition LLC

(Must end with 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:Mailing Address:1290 Breakers West Boulevard  
West Palm Beach, FL 334111290 Breakers West Boulevard  
West Palm Beach, FL 33411

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

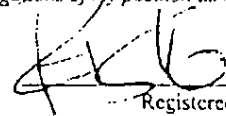
Robert L. Shattles

Name

1290 Breakers West BoulevardFlorida street address (P.O. Box **NOT** acceptable)West Palm Beach FL 33411

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

West Palm Beach, FL 33411

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