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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5643

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

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2020 JUL 10 PM 5:



July 9, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: SELTARS ACQUISITION LLC

REF: W20000070959

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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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

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AK	ш		 l - Na	me:

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	1290 Breakers West Boulevard
West Palm Beach, FL 33411	West Palm Beach, FL 33411

ARTICLE III - Registered Agent, Registered Office, & 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:

	Name	
1290 Breakers West B	Boulevard	
Florido street address	(P.O. Box <u>NOT</u> ac	cceptable)
	FI.	33411
West Palm Beach	<u> </u>	<u> </u>

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

20 JUL 10 PH 5:

	Title: "AMBR" - Authorized Memb "MGR" = Manager	Name and Address:	
	MGR - Manager	Robert L. Shatles	
		1290 Breakers West Boulevard	
		West Palm Beach, FL 33411	
		 	
	(Use attachment if necessary)		
(If an e the dat <u>Note:</u>	LEV: Effective date, if other the fective date is listed, the date is of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days a best not need the applicable statutory filing requirements, this date will not be list artiment of State's records.	
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5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Filing Fees:

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