2020-07-27 10:23 EDT

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 : (917)243-5843 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA LIMITED LIABILITY CO. Destiny 422, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOFORCANIZATION FOR FLOR	IDA LIMITED MARILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Destiny 422, LLC	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
711 NE Harbour Terrace Suite 410	711 NE Harbour Terrace Suite 410
Boca Raton, FL 33431	Boca Raton, FL 33431
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Regist mother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or
Margaret Lemchuk	
Nam	ne
711 NE Harbour Terrace S	uite 410
Florida street address (P.O	. Box <u>NOT</u> acceptable)

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..

State

Boca Raton

City

Registered Agent's Signature (REQUIRED)

33431

Zip

(CONTINUED)

Page 1 of 2

2020 JUL 27 PN 12: 21

te of filing.)	"MGR" = Manager MGR  Margaret Lemchuk  711 NE Harbour Terrace Suite 410  Boca Raton, FL 33431  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste tument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED 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.	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