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From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

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## FLORIDA LIMITED LIABILITY CO. 22250 BELINDA AVE LLC

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# ARTICLES OF ORGANIZATION OF

#### 22250 BELINDA AVE LLC

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

#### ARTICLE I -- NAME

The name of the limited liability company is 22250 Belinda Ave LLC (the "Company").

#### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is:

125 S. State Road 7, Suite 104-120 Wellington, FL 33414

#### ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

Brad Jankowski, Esq.

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### ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the managers may, but do not have to be members. The name and address of the initial authorized managers of the Company are:

<u>Title</u>	Name and Address			
Manager	Paul David Mendoza			
	125 S. State Road 7, Suite 10	4-120		
	Wellington, FL 33414			
Manager  Dated: August 3, 2020	Michelle Mendoza			
	125 S. State Road 7, Suite 104-120			
	Wellington, FL 33414	٠,	20	
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	REQUIRED SIGNATURE		<u>د</u>	

Brad Jankowski
Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)