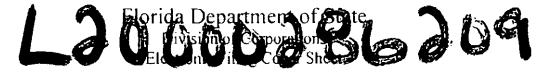
9/18/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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. ELSEWHERE 1 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLESOF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ELSEWHERE I LLC	
(Must contain the words "Limited Liabi	hty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	,
	of the Limited Liability Company is: Mailing Address: 7091 Fisher Island Drive

(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	
1200SouthPineIsla	ındRoad	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324

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. Thereby 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..

CTCorporationSystem

By: Katherine Schneider, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	G. Peter D'Loia
	7091 Fisher Island Drive
	Miami Beach, Florida 33109
AMBR	
	c
EV: Effective date, if other than the da	ate of filing: (OPTIONAL)
ective date is listed, the date must be s of filing.)	specific and cannot be more than five business days prior to or 90 days to the applicable statutory filing requirements, this date will not be
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