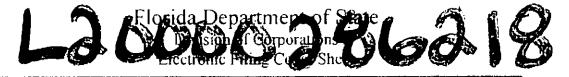
9/18/2020

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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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.

| Address: | | | | |
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| | Address: | Address: | Address: | Address: |

FLORIDA LIMITED LIABILITY CO. **ELSEWHERE 2 LLC**

| Certificate of Status | U |
|-----------------------|----------|
| Certified Copy | l l |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu Corporate Filing Menu

Help

To:

ARTICLESOF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| ARTICLE I - Na | me: |
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The name of the Limited Liability Company is:

ELSEWHERE 2 LLC

(Must contain 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:

7091 Fisher Island Drive

7091 Fisher Island Drive

Miami Beach, Florida 33109

Miami Beach, Florida 33109

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:

CTCorporationSystem

Name

1200SouthPineIslandRoad

Florida street address (P.O. Box NOT acceptable)

| Plantation | Florida | 33324 |
|------------|---------|-------|
| 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.

CTCorporationSystem

By: Katherine Schneider, Asst. Secretary

Katemie Pokreider

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TATE OF THE COLOR

| Title: | | Name and Address: | | |
|---|--|---|------------------------------------|----------------|
| "AMBR" = Authori | ized Member | | | |
| "MGR" = Manager | | | | |
| MGR | | G. Peter D'Loia | | |
| | | 7091 Fisher Island Drive | | |
| | | Miami Beach, Florida 33109 | | |
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| AMBR | | | | - |
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