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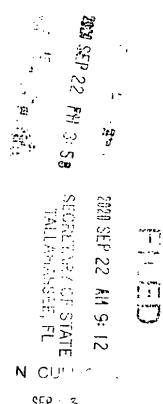
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INSTRUCTIONS:

## ARTICLES OF ORGANIZATION FOR FLURIDA LIMITED LIABILITY COMPANY

FILED
2020 SEP 22 AH 0- 10
SECRETANY OF STATE TALLABASSILE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Advanced Brickell LLC

(Must conatin 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:

City

Principal	Office Address:	±	Mailing Address:
1200 Brickell Bay Dr A	Apt 3105	1200 Brickell B	lay Dr Apt 3105
Miami, Fl. 33131		Miami, FL 331	31
other business entity with an act		stered Agent. You must d	esignate an individual o
	tive Florida registration.)	<del>-</del>	esignate an individual o
other business entity with an act	tive Florida registration.)	it are:	esignate an individual o
other business entity with an act	tive Florida registration.)  Idress of the registered ager  David Shusterman	nt are:	esignate an individual o
other business entity with an act	tive Florida registration.)  Idress of the registered ager  David Shusterman  Nar	nt are:	esignate an individual c

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

David Shusterman
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager  AMBR  David Shusterman  1200 Brickell Bay Dr Apt 3105  Miami, FL 33131  COPTIONAL  (Use attachment if necessary)  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a filing.)  Ell file date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.  **ICLE VI: Other provisions, if any.**  REOURED 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. 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.  David Shusterman  Typed or printed name of signee		Name and Address:	
AMBR  David Shusterman  1200 Brickell Bay Dr. Apt 3105  Miami, FL 33131  (Use attachment if necessary)  (Use attachment if necessary)  TCLE V: Effective date, if other than the date of filing:  atternal of filing.  Elf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  PICLE VI: Other provisions, if any.  REOURED 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, I am aware that any false information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  David Shusterman		zed Niember	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)