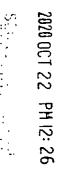
L20000 326722

| (Req | uestor's Name) | |
|---------------------------------------|------------------|-------------|
| | | |
| hhA) | ress) | |
| (r to si | ,000, | |
| | | |
| (Add | ress) | |
| | | |
| (Ĉitvi | /State/Zip/Phone | e #N |
| (2.1) | | , |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | iness Entity Nar | ne) |
| | | |
| · · · · · · · · · · · · · · · · · · · | ument Number) | |
| (500 | ament Homoer) | |
| | | |
| Certified Copies | Certificates | s of Status |
| | | |
| Γ | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600352687586



C RICO OCT 2 2 2020

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

| Account Number Date: | FCA00000017 10-22-20 | |
|-----------------------------|--|--|
| Requestor Name: | Carlton Fields | ALITHODIZED AMOUNT TO |
| Address: | Post Office Drawer 190 Tallahassee, Florida 32302 | AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT |
| Telephone: | (850) 513-3619 - direct (850) 224-1585 | s 160.00 |
| Contact Name: | Kim Pullen, CP, FRP | |
| Corporation Name: | RSlender LLC | , |
| Email Address: | | |
| Entity Number: | , | |
| Authorization: | Kem Puele | |
| Certified Copy New Filings | Plain Stamped Copy | Certificate of Status Annual Report |
| Fictitious Name | Amendments | Registration |
| (X)Call When Ready | (X)Call if Problem | () After 4:30 |
| (X) Walk In | () Will Wait | (X) Pick Up |
| () | , | , , L. |

CF Internal Use Only

ARTICLES OF ORGANIZATION OF RSLENDER LLC

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

ARTICLE I. NAME

The name of the limited liability company is Rslender LLC (the "Company").

ARTICLE II. MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company shall be 1110 Brickell Avenue, Suite 800, Miami, Florida 33131.

ARTICLE III. REGISTERED AGENT AND OFFICE

The name of the initial registered agent and the street address of the registered office of the Company in the State of Florida is CF Registered Agent, Inc., a Florida corporation, 100 S. Ashley Drive, Suite 400, Tampa, Florida 33602.

ARTICLE IV. MANAGEMENT

The Company shall be a manager-managed limited liability company and shall be managed in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company and the Act. The Company's initial manager shall be:

Ricardo Magro

1110 Brickell Avenue Suite 800 Miami, Florida 33131



ARTICLE V. AUTHORIZED REPRESENTATIVE

The name and address of the authorized representative of the organizing members of the Company executing these articles of organization are Robert B. Macaulay, 100 SE Second Street, Suite 4200, Miami, Florida 33131.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization on this 21st day of October, 2020.

Robert B. Macaulay, Authorized L

Representative

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 21st day of October, 2020.

Registered Agent:

CF Registered Agent, Inc., a Florida corporation

Robert B. Macaulay, Authorized

2020 OCT 22 PM 12: 26