

L200000 346629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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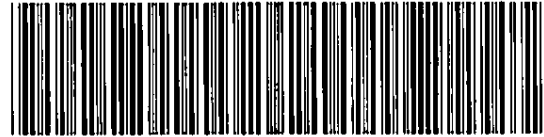
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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- ☐ **CERTIFIED COPY** _____
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1. CHOCVJ LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**Articles of Organization
CHOCVJ LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

CHOCVJ LLC

ARTICLE II -Address:

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

c/o M1 MANAGEMENT QOZB, LLC
224 NE 59TH STREET
MIAMI, FL 33137

ARTICLE III -Registered Agent and Registered Office:

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

M1 MANAGEMENT QOZB, LLC
224 NE 59TH STREET
MIAMI, FL 33137

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.

M1 MANAGEMENT QOZB, LLC

By: Jay Joglekar

Name: Jay Joglekar

Title: Authorized Signatory

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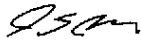
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ARTICLE IV – Managers:

The Limited Liability Company is Manager-Managed. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Anthony J. Cho c/o MI MANAGEMENT QOZB, LLC 224 NE 59TH STREET MIAMI, FL 33137

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 10th day of November 2020. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), 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 Section 817.155, Florida Statutes.

By: 
Name: Jay Joglekar
Title: Authorized Signatory