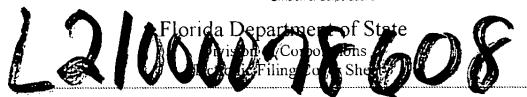
2/23/2021

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 Cor	rporations	S.
		: (850)617-6381	SS
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From:			77 7
	Account Name	: CORPORATION SERVICE COMPANY	
	Account Number	: 120000000195	ORIO/
	Phone	: (850)521-0821	5
	Fax Number	: (850)558-1515	

FLORIDA LIMITED LIABILITY CO. SOUTHFIELD COMMUNICATIONS LLC

FEB 2 4 2021 T. SCOTT

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:			
Southfield Communicat				
(Must conatin	the words "Limited !	Liability Com	ipany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal o	ffice of the L	imited Liability Company is:	
Principal C	Office Address:		Mailing Address:	
Hobe Sound, Florida 33			11450 SE Dixie Highway, Suite 101 Hobe Sound, Florida 33455	
The name and the Florida street add	ress of the registered			
_	1201 Hays Street			
	Florida street addres	s (P.O. Box <u>1</u>	KOT acceptable)	
_	<u>Fallahassee</u>	FL	32301	
	City	State	Zip	
place designated in this certificate, I h further agree to comply with the provi	ereby accept the app sions of all statutes re ations of my position Corporation Serv	ointinent as re elating to the as registered ice Compan	Signature (REQUIRED)	capacity, I cduties, and I .S.,

"AMBR" - Manager AMBR	Title:			Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	"AMBR" -	Authorized M	ember	
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:	"MGR" = N	lanager		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	AMBR			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	·			
EV: Effective date, if other than the date of filing:				Hobe Sound, Florida 33433
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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. Karina Eframian, Authorized Representative	•		_	(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)