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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HRA IP HOLDINGS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
HRA IP HOLDINGS, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is:

HRA IP HOLDINGS, LLC

ARTICLE II: - Address

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

21500 Biscayne Blvd, Suite 900, Aventura, Florida 33081

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, FL 33408**

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.

Corporate Creations Network Inc., Registered Agent

By: /s/ Caitlin Lazarus
Name: Caitlin Lazarus
Title: Special Secretary

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 18, 2021.

/s/ Cristina L. Mendoza

Cristina L. Mendoza, Authorized Signer

(In accordance with section 605.0203(1)(b), 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.)

Cristina L. Mendoza

Typed or printed name of signee

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