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Name:	Yakar Ho	ldCo LLC	
Document #:			
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Thank you!

COVER LETTER

	lew Filing Sect Pivision of Cor					
SUBJEC [*]	Yakar Hold	Co LLC				
SUBJEC	· ·	Nam	e of Limit	ed Liabili	ty Company	
The enclo	sed Articles of	Organization and f	ec(s) are s	submitted	for filing.	
Please reti	ırn all correspo	ndence concerning	this matt	er to the f	ollowing:	
	Kimberly Be	ard, Paralegal				_
			_	Name of	Person	
	Venable LLI	1				
				Firm/Co	inpany	
	750 East Pra	n Street				
			_	Addr	ess	
	Baltimore, N	Taryland 21202				
		-		y/State an	d Zip Code	
		Carp@yakarparine		6	named report patificati	ian)
					nnual report notificati	ion)
For further	information co	ncerning this matte	r, please	call:		
	Kimberly Be	ard	410 at ()	244-7668)	
	Nam	e of Person			Daytime Telephon	
Enclosed	is a check for t	he following amou	nt:			
□\$125.0	00 Filing Fee	□\$130.00 Filin Certificate of S		Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	N1 92-	an Addenge			Street Address	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:			
Yakar HoldCo LLC				
(Must cont	in the words "Limited"	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited I	Liability Company is:	
<u>Princips</u>	al Office Address:		Mailing Address	:
WeWork Southeast I	inancial Center		ork Southeast Financial Ce	
200 S. Biscayne Blvo	l. 20th Floor		S. Biscayne Blvd, 20th Floo	<u> </u>
Miami, Florida 3313	<u></u>	<u>Mian</u>	ii, Florida 33131	
The name and the Florida street	C T Corporation Sys	Name		2021 APR - 1 - P.11-2: 0.0
		ss (P.O. Box <u>NOT</u> ac	cceptable)	نز. 1
	Plantation	Florida	33324	ງບໍ
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the plam familiar with and accept the ol	I hereby accept the approvisions of all statutes rolligations of my position C T Corporation By:	pointment as registere relating to the proper cas registered agent a	and complete performance of as provided for in Chapter 60 Olga Hinkel, VP	nis capacity. 1 of my duties, and I

(CONTINUED)

LT 052 Authoriting Wolfers Klower On

"AMBR" = A "MGR" = Ma <u>MGR</u>	uthorized Member	
<u>MGR</u>	nager	
	 	Avery Eiseureich 88 Bal Bay Drive
		Bal Harbour, Florida 33154
		
		date of fining. Open ching
ective date is filing.) the date inser	listed, the date must be ted in this block does	date of filing: <u>Upon Filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not be ment of State's records.
ctive date is f filing.) the date inser nent's effecti E VI: Other p	listed, the date must leted in this block does we date on the Department of the Depa	not meet the applicable statutory filing requirements, this date will not learn of State's records.
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ctive date is f filing.) the date inser ment's effecti E VI: Other p	rted in this block does we date on the Departrovisions, if any. SIGNATURE: Signature of This document is elam aware that any constitutes a third desired.	not meet the applicable statutory filing requirements, this date will not be ment of State's records. David Sussman Authorized Representative a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. If a false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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

8 5.00 Certificate of Status (Optional)

ARTICLE IV-