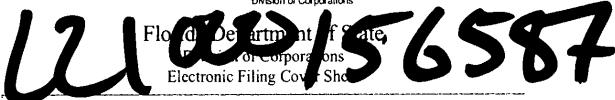
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: MAYER@MBANC.COM

## FLORIDA LIMITED LIABILITY CO. 99 SE MIZNER BLVD UNIT 627 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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H21000147411

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

→ 18506176381

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O 04/13/2021 10:29 AM

The name of the Limited Liability Company is:

99 SE MIZN	IER BLVD UNIT 627 LLC	
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:	:
Principal Office Address:	Mailing Address:	
36 NE 1st Street Suite 542	36 NE 1st Street Suite 542	<del>}</del>
Miami Beach, FL 33132	Miami Beach, FL 33132	<u></u>
another business entity with an active Flori The name and the Florida street address of	-	
Hubco Registe	ered Agent Services, Inc.	
	Name	
155 Office Pla	za Drive, 1st Floor	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	
Tallahassee	FL 32301	
C	lity Zip	

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.,

Registered Agent's Signature (REQUIRED)

Bruce B. Hubbard

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Mayer Dallal	
	2403 Alvord Lane	
	Redondo Beach, CA 90278	
		-
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		<u>[1)</u>
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		<u>.</u>
(Use attachment if necessary)		
	f filing: (OPTIONAL iffic and cannot be more than five business days prior	
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EV: Effective date, if other than the date of fective date is listed, the date must be speci of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 60 constitutes an affirmation und	ber or an authorized representative of a member. 5.0203.(1) (b), Florida Statutes, the execution of this doler the penalties of perjury that the facts stated herein are	ocument e true.
E V: Effective date, if other than the date of ective date is listed, the date must be speci of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the ection for the end of	ber or an authorized representative of a member. 5.0203(1) (b), Florida Statutes, the execution of this do	ocument e true.

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