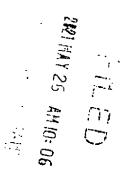
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(Requestor's Name)
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 831693 4300325 AUTHORIZATION: Synchological COST LIMIT : \$\frac{1}{2}5\frac{5}{2}00 ORDER DATE: May 26, 2021 ORDER TIME : 1:09 PM ORDER NO. : 831693-005 CUSTOMER NO: 4300325 DOMESTIC FILING NAME: FAENA LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

XX CERTIFIED COPY
PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations					
C110 107	Faena LLC					
SUBJEC		Limited Liabil	ity Company			
The enclo	osed Articles of Organization and fee(s	s) are submitted	l for filing.			
Please re	turn all correspondence concerning this	s matter to the	following:			
	Allison Overgaard					
	Name of Person					
	Cadwalader, Wickersham & Taft LLP					
	Firm/Company					
	200 Liberty Street					
		Addr	ess			
	New York, NY 10281					
	allison.overgaard@cwt.com	City/State an	d Zip Code			
	E-mail address: (to be u	sed for future a	nnual report notification)			
For further	information concerning this matter, pl	ease call:				
	Sasha Grinberg	212	504-5642			
	Name of Person		Daytime Telephone Number			
Enclosed	is a check for the following amount:					
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status		Certific	10 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Faena LLC				
(Must	contain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and stre	et address of the principal	office of the Limited	l Liability Company is:	
Principal Office Address:			Mailing Address:	
c/o Cadwalader, 200 Liberty Street		c/o	Cadwalader, 200 Liberty	Street
New York, NY			w York, NY 10281	
Attn: Sasha Gri	nberg	Attr	n: Sasha Grinberg	
: Limited Liability Comp her business entity with	Agent, Registered Office, cany cannot serve as its own an active Florida registrative eet address of the registere Corporation Service	n Registered Agent. on.) d agent are:	Ar s Signature: You must designate an indiv	vidual or
he Limited Liability Comp other business entity with	cany cannot serve as its own an active Florida registration eet address of the registere Corporation Service	n Registered Agent. on.) d agent are:		vidual or
he Limited Liability Comp other business entity with	cany cannot serve as its own an active Florida registration eet address of the registere Corporation Service 1201 Hays Street	n Registered Agent. on.) d agent are: ce Company Name	You must designate an indiv	vidual or
he Limited Liability Comp other business entity with	cany cannot serve as its own an active Florida registration eet address of the registere Corporation Service	n Registered Agent. on.) d agent are: ce Company Name	You must designate an indiv	vidual or
he Limited Liability Comp other business entity with	cany cannot serve as its own an active Florida registration eet address of the registere Corporation Service 1201 Hays Street	n Registered Agent. on.) d agent are: ce Company Name	You must designate an indiv	vidual or
he Limited Liability Comp other business entity with	cany cannot serve as its own an active Florida registrative eet address of the registere Corporation Service 1201 Hays Street Florida street address Tallahassee	n Registered Agent. on.) d agent are: ce Company Name ss (P.O. Box NOT a	You must designate an individual of the company of	vidual or
he Limited Liability Compother business entity with the name and the Florida strains are name and the register ing been named as register	cany cannot serve as its own an active Florida registrative eet address of the registere Corporation Service 1201 Hays Street Florida street address Tallahassee City Teed agent and to accept service	n Registered Agent. on.) d agent are: ce Company Name ss (P.O. Box NOT a FL State ice of process for the	You must designate an individual of the company of	y company al I
the Limited Liability Composition business entity with the name and the Florida straight and the	cany cannot serve as its own an active Florida registrative eet address of the registere Corporation Service 1201 Hays Street Florida street address Tallahassee City Teed agent and to accept servicate, I hereby accept the app	n Registered Agent. on.) d agent are: ce Company Name ss (P.O. Box NOT a FL State ice of process for the cointment as register.	You must designate an individual of the company of	y company at t
he Limited Liability Compother business entity with e name and the Florida structure in the security with the designated in this certificater agree to comply with the	cany cannot serve as its own an active Florida registrative eet address of the registere Corporation Service 1201 Hays Street Florida street address Tallahassee City Ted agent and to accept servicate, I hereby accept the appete provisions of all statutes research.	n Registered Agent. on.) d agent are: the Company Name State ice of process for the cointment as registere elating to the proper	You must designate an indiverse and indiverse and indiverse and agree to act in and complete performance.	y company at t this capacity, of my duties, a
the Limited Liability Composition business entity with the name and the Florida straight and the	cany cannot serve as its own an active Florida registrative eet address of the registere Corporation Service 1201 Hays Street Florida street address Tallahassee City Ted agent and to accept servicate, I hereby accept the appete provisions of all statutes research.	n Registered Agent. on.) d agent are: the Company Name State State ice of process for the cointment as registered agent proper a	You must designate an individual of the company of	y company at t this capacity, of my duties, a

(CONTINUED)

ARTICLE IN The name and		orized to manage and control the Limited Liability Company:			
	uthorized Member	Name and Address:			
"MGR" = Ma AMBR	nager	Cappuccino Holdings Ltd. Craigmuir Chambers, PO Box 71, Road Town,			
		Tortola, VG1110, British Virgin Islands			
MGR		Ricardo Uribe 151 Crandon Blvd., Apt. 325			
		Key Biscayne, FL 33149			
	•				
(Use attachme	nt if necessary)				
(If an effective date is I the date of filing.) Note: If the date insert	isted, the date must be speci	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.			
ARTICLE VI: Other pr	ovisions, if any.				
REOUIRED	SIGNATURE:	Picardo Uribe			
	This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.			
	Ricardo Uribe				
		Typed or printed name of signee			

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)