## L21000282374

| (Re                     | equestor's Name)   |               |
|-------------------------|--------------------|---------------|
| (Ac                     | ldress)            |               |
| (Ac                     | ldress)            |               |
| (Ĉi                     | ty/State/Zip/Phone | e #)          |
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| (Bı                     | isiness Entity Nar | me)           |
| (Do                     | ocument Number)    | , <del></del> |
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2021 JUN 16 PH 2: 15

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUH 16 PM 12: 29

| 4 10 7 | <br> |        |     |
|--------|------|--------|-----|
| 3 0    |      | l - Na | mai |
|        |      |        |     |

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

| D -    |        |         | <br>~ |
|--------|--------|---------|-------|
| N I TO | COTICE | Itarica | <br>• |
| NII    | Consu  | 1111117 | <br>• |

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

| The mailing address and stre                              | et address of the principal of | office of the Limite    | d Liability Company is: |
|---|--------------------------------|-------------------------|-------------------------|
| <u>Prii</u>   | ncipal Office Address:         |                         | Mailing Address:        |
| 671 Island Drive  |                                | 67                      | 1 Island Drive          |
| Palm Beach, FL  | 33480                          | Pa                      | lm Beach, FL 33480      |
| another business entity with The name and the Florida str | _                              | d agent are:            |                         |
|   |                                | Name                    |                         |
|   | 671 Island Drive               |                         |                         |
|   | Florida street addres          | ss (P.O. Box <u>NOT</u> | acceptable)             |
|   | Palm Beach                     | FL                      | 33480                   |
|   | City                           | State                   | 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)

(CONTINUED)

Page 1 of 2

| Title:                                     | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member                 |  |
| "MGR" = Manager                            |  |
| AMBR                                       | Roxann Gian Taylor   |
| · <u> </u>                                 | 671 Island Drive   |
|  | Palm Beach, FL 33480   |
|  |  |
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|  | <u> </u>   |
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|  | SECRETARY OF STATE   |
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| <del></del>                                |  |
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| (Use attachment if necessary)              |  |
| F.V: Effective date if other than the date | e of filing: (OPTIONAL)  |
| fective date is listed the date must be en | pecific and cannot be more than five business days prior to or 90 day      |
| of filing.)                                | ectile and cannot be more than five business days prior to or 30 day       |
|  | meet the applicable statutory filing requirements, this date will not be l |
| ment's effective date on the Department    |  |
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| LE VI: Other provisions, if any.           |  |
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| LE VI: Other provisions, if any.           |  |
|  |  |
| REQUIRED SIGNATURE:                        |  |
|  |  |

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Typed or printed name of signee

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Roxann Gian Taylor

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)