## L21000296374

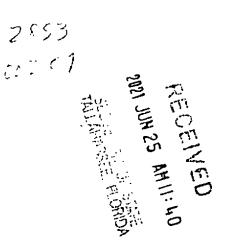
(Requestor's Name)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date:	June 25	, 2021	Account#: I20000000088
Name:	David S	hulman	
Reference	e #:	1411511	_
Entity Nar	me:	CAUSEW	AY SECURITIES LLC
✓ Article:	s of Incorpo	oration/Authorization	to Transact Business
Ameno	dment		
Chang	e of Agent		ISSUES? CALL
Reinstatement			David:
Conversion			850-270-0082
Merge	r		
Dissol	ution/Withd	rawal	
Fictitio	us Name		
Other	) [PI	ease provide a certif	ied copy of the filing evidence. Thanks!
Authorize	d Amount:	\$155.00	
Signature	:	David Shulman	·

-1.212.947.7200

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 25 AM 9: 41

SECRETARY OF STATE TALL/ HASSEE, FL

ARTICLE 1 - Name: The name of the Limited Liability Company is:	SECRET. TALL/
Causeway Se	curities LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Seward & Kissel LLP Attn: Val Vasi	c/o Seward & Kissel LLP Attn; Val Vasi
One Battery Park Plaza	One Battery Park Plaza
New York, NY 10004	New York, NY 10004
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	±:
COGENCY	GLOBAL INC.
Name	
115 North Calho	un Street, Suite 4
Florida street address (P.O. Bo	ox NOT acceptable)

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 appreciate agent as provided for in Chapter 605, F.S.

State

Tallahassee

City

Registered Agent's Signature (REQUIRED)

Kathrine Meer, Assistant Secretary

Florida

32301

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Manager MGR	Conor O'Donnell
	c/o Seward & Kissel LLP Attn: Val Vasi
	One Battery Park Plaza, NY, NY 10004
	SECINETAR
<del></del>	
	5.7
	$\omega_{SC}$
	E. FL
(Use attachment if necessary)	T.A.
ARTICLE V: Effective date if other than the date of t	filing: (OPTIONAL)
If an effective date is listed, the date must be specifi	ic and cannot be more than five business days prior to or 90 days after
the date of filing.)	• • • • • • • • • • • • • • • • • • • •
	the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of S	itate's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2 [201]

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Conor O'Donnell

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)