Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791

Fax Number : (877)503-6086

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## FLORIDA LIMITED LIABILITY CO. GREAT CASTLE INVESTMENT GROUP LLC

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2021 JUL -2 AH 9: 25

SECRETARY OF STATE TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GREAT CASTLE INVESTMENT GROUP LLC

To:

(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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

5445 COLLINS AVE UNTF 1216 MIAMI BEACH, FL 33140

5445 COLLINS AVE UNIT 1210 MIAMI BEACH, FL:33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are

5445 COLLINS AVE UNIT 1210

Florida street address (P.O. Box NOT acceptable)

33140 MIAMI BEACH 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 agens 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)

To:

Page: 3 of 3

MARIA SOL CANUSSO  S44S COLLINS AVE UNIT 1210  MIGR  MIGR  JULIO F CANUSSO  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  AMBR  MATIAS J GIOFFRE  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  AMBR  MATIAS J GIOFFRE  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140   Use attachment if necessary)  V: Effective date, if other than the date of filing:  City e date is listed, the date must be specific and cannot be more than five business days prior to filing.  If filing:  V: Other provisions, if any.  REQUERED SIGNATURE:  X  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Stallar aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.  JULIO F CANUSSO  Typed or printed name of signee	MARIA SOL CANUSSO  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MGR  JULIO F CANUSSO  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MATIAS J GIOFFRE  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MATIAS J GIOFFRE  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140   WATIAS J GIOFFRE  S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  (OPTIONAL  Ithe date is listed, the date must be specific and cannot be more than five business days prior to filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida St I am aware that any false information submitted in a document to the Department of constitutes a third degree telony as provided for in s.817.155, F.S.  JULIO F CANUSSO	Litte:	Name and Address:
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MGR  JULIO F CANUSSO  S445 COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MATIAS J GIOFFRE  S445 COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MATIAS J GIOFFRE  S445 COLLINS AVE UNIT 1210  MIAMI DEACH, FL 33140  Use attachment if necessary)  LV: Effective date, if other than the date of filing:  (OPTIONAL  Iffiling.)  the date is listed, the date must be specific and cannot be more than five business days prior to filing.  the date inserted in this block does not meet the applicable statutory filing requirements, this date where is effective date on the Department of State is records.  EVI: Other provisions, if any.  REOPIRED SIGNATURE:  X  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statian aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.  JULIO F CANUSSO  Typed or printed name of signee	S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MATIAS J GIOFFRE S44S COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MIAMI BEACH, FL 33140  Use attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL  tive date is listed, the date must be specific and cannot be more than five business days prior to filing.)  em's effective date on the Department of State's records.  VI: Other provisions, if any.  REOPIRED SIGNATURE:  X  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida St. I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.  JULIO F CANUSSO	"NIGR" * Manager	
MIGR  JULIO F CANUSSO  S445 COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  MATIAS J GIOFFRE  S445 COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33140  WE effective date, if other than the date of filing:  (OPTIONAL rither date is listed, the date must be specific and cannot be more than five business days prior to falling.)  In date inserted in this block does not meet the applicable statutory filing requirements, this date where is effective date on the Department of State's records.  WI: Other provisions, if any.  Signature of a member or fin authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statian aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.  JULIO F CANUSSO  Typed or printed name of signee	MIGR  JULIO F CANUSSO  S445 COLLINS AVE UNIT 1210  MIAMI BEACH, FL 33149  AMBR  MATIAS J GIOFFRE  S445 COLLINS AVE UNIT 1219  MIAMI BEACH, FL 33149  WE Effective date, if other than the date of filing:  Live date is listed, the date must be specific and cannot be more than five business days prior to filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date and is effective date on the Department of State's records.  WE Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida St. I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.  JULIO F CANUSSO	AMHR	MARIA SOL CANUSSO
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