

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L21000389508
FILED 8:00 AM
August 31, 2021
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

SHADOW14304, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1225 LAKE SHADOW CIRCLE
UNIT 14304
MAITLAND, FL. US 32751

The mailing address of the Limited Liability Company is:

3600 MYSTIC POINTE DRIVE
APT. #301
AVENTURA, FL. US 33180

Article III

The name and Florida street address of the registered agent is:

FABRIZIO DE ROSSI
3600 MYSTIC POINTE DRIVE
APT. #301
AVENTURA, FL. 33180

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.

Registered Agent Signature: FABRIZIO DE ROSSI

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
FABRIZIO DE ROSSI
3600 MYSTIC POINTE DRIVE, APT. #301
AVENTURA, FL. 33180 US

Title: MGR
PAOLA BRUNI
3600 MYSTIC POINTE DRIVE, APT. #301
AVENTURA, FL. 33180 US

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Article V

The effective date for this Limited Liability Company shall be:

08/30/2021

Signature of member or an authorized representative

Electronic Signature: FABRIZIO DE ROSSI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.