orida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL TINC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. 130 N 2ND Property Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

→ 18506176381

pg 2 of 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

130 N 2ND Proper						
(Must co	ntain the words "Limited Lial	bility Company	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal offic	ce of the Limited	Liability Company is:			
Princ	ipal Office Address:		Mailing Address:			
105 Siesta Way		105	Siesta Wav			
(The Limited Liability Compa	gent, Registered Office, & I	Registered Age	n Beach Gardens, FL 33418 nt's Signature: You must designate an individual'd	P	2 1 c i c	***
ARTICLE III - Registered A (The Limited Liability Compa	gent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.)	Registered Age		L. ,.	71101 SEP 23	-300 (-18) -181 -181 -181 -181 -181 -181 -181
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ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Iny cannot serve as its own Renactive Florida registration.) It address of the registered again Eric M. Levitt	Registered Agent. gent are:	nt's Signature: You must designate an individual c	L. ,.	SEP	TO THE STATE OF TH
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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..



(CONTINUED)

14154847068 DocuSign Envelope ID: 0D7A7594-4558-435C-A1E1-6FA2DE4BC407

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Eric M. Levitt
	105 Siesta Way
	Palm Beach Gardens, FL 33418
AMBR	EML SEP Retirement LLC
	Palm Beach Gardens, FL 33418
	Faint Beach Ourdens, FL 33418
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(USC attachinent if necessary)	CV.
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CLEV: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Depart CLEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be timent of State's records. Document of State's records. Document of State is records. The limit is a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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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)