L21000433486

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Sunshine State Corporate Compliance Company

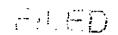
3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE 10-4-21	(850	0) 656-4724			
DATE	-		**WALK IN*		
ENTITY NAME_SRC MANAGEMENT LLC					
DOCUMENT NUMBER_	**WALK IN** **MALK IN** **PLEASE FILE THE ATTACHED AND RETURN** Plain Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Aris & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Certificate of Status Reflecting: **APOSTILLE' / NOTARIAL CERTIFICATION** OF DESTINATION F CERTIFICATES REQUESTED				
	PLEASE FILE THE	ATTACHED AND RETURN			
~~~	Plain Copy				
	Certificate of Status				
*1	PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY**	<del></del>		
	Certified Copy of Arts &	Amendments			
		Amendments Complete File (Including Annual Repor	rts)		
	• •	ecting:			
	**APOSTILLE' / NO	TARIAL CERTIFICATION**			
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	<del></del>		-		
TOTAL OWED \$15	5	ACCOUNT # I20140000108 United Corporate Services, Inc.	Mepparl		

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: SRC MANAGEMENT LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DOLORES BURTON
Name of Person
United Corporate Services, inc.
Firm/Company
100 State Street, Suite 800
Address
Albany, NY 12207
City/State and Zip Code jake@stonerockcap.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FL

#### SRC MANAGEMENT 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 Limited Liability Company is:

## Principal Office Address:Mailing Address:2151 West Hillsboro Boulevard, Suite 2042151 West Hillsboro Boulevard, Suite 204Deerfield Beach, FL 33442Deerfield Beach, FL 33442

#### 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:

Yaakov Handelsman		
	Name	
2151 West Hillsboro	Boulevard, Suite	204
Florida street address	(P.O. Box <u><b>NOT</b></u> a	acceptable)
Deerfield Beach	FL	33442
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..

/s/ Yaakov Handelsman

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Yaakov Handelsman		
<del></del>	2151 West Hillsboro Boulevard, Suite 204		
	Deerfield Beach, FL 33442		
	<u>9</u>		
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(Use attachment if necessary)	一当		
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effective date is listed, the date must be spec	of filing:		
ite of filing.)	,		
	eet the applicable statutory filing requirements, this date will not be lis-		
ocument's effective date on the Department of	f State's records.		
ICI E VI. Other annulalana if ann			
ICLE VI: Other provisions, if any.			

Filing Fees:

Signature of a member or an authorized representative of a member. 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

Typed or printed name of signee

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

/s/ Yaakov Handelsman

Yaakov Handelsman