

10/18/21 10:31 AM

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Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
Macaroon Two LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF MACARON TWO LLC

ARTICLE I: NAME

The name of the limited liability company is Macaroon Two LLC (the "LLC").

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is 880 Carillon Parkway, St. Petersburg, FL 33716.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the initial registered agent of the LLC are:

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

C T Corporation System

By: *Stephanie Hencz*

Stephanie Hencz
Assistant Secretary

Registered Agent's Signature

ARTICLE IV: SOLE MEMBER

The name and address of the sole person authorized to manage and control the LLC:

Title	Name and Address
AMBR	Raymond James Financial, Inc. 880 Carillon Parkway St. Petersburg, FL 33716

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REQUIRED SIGNATURE

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

Kary Bahr

Signature of an authorized representative of
the sole member

Kary Bahr

Typed or printed name of signee

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