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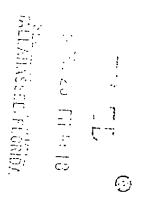
| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SUBJEC | 20 NORWI | CH, LLC | | | | |
| SOBJEC | · · · · · · · · · · · · · · · · · · · | Na | me of Lim | ited Liabi | lity Company | |
| The enck | osed Articles of | Organization and | l fee(s) are | submittee | I for filing. | |
| Please re | turn all correspo | ndence concernii | ng this mat | ter to the | tollowing: | |
| | RIVKY MEN | NDLOVIC | | | | |
| | | | | Name o | f Person | |
| | 20 NORWIC | H, LLC | | | | |
| | | | | Firm/Co | ompany | |
| | 20 GETZIL I | BERGER BLVC | , UNIT 30 | 3 | | |
| | - | | | Add | ress | |
| | MONROE, N | IY 10950 | | | | |
| | WRM33417@ | GMAIL.COM | Ci | ty/State ai | nd Zip Code | |
| | | | o be used t | or future | annual report notificat | ion) |
| For further | information cor | ncerning this mat | ter, please | call: | | |
| | PETRINA PE | NIO | | I | 612-8787 | |
| | Name | of Person | | | Daytime Telephor | |
| Enclosed | is a check for th | e following amo | unt: | | | |
| | 00 Filing Fee | □\$130.00 Filin Certificate of \$ | ng Fee & | Certif | 55.00 Filing Fee & ied Copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New Fi Divisio P.O. Bo | g Address ling Section n of Corporation DX 6327 | s | | Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahusson, FL 3236 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 20 NORWICH, L | LC | | | | | |
|---|--|---|--|-----------------------------|--------|---|
| (Must c | ontain the words "Limited Liab | oility Company, "L | L.C.," or "LLC.") | | - | |
| ARTICLE II - Address: | | | | | | |
| The mailing address and stree | et address of the principal office | e of the Limited Li | ability Company is: | | | |
| <u>Prin</u> | cipal Office Address: | | Mailing Address | : | | |
| 20 GETZIL BERG | GER BLVD | 20 GET | ZII. BERGER BLVD | | | |
| UNIT 303 | | UNIT 3 | 03 | | _ | |
| | | | | | - | |
| | Agent, Registered Office, & R | | | | - | |
| ARTICLE III - Registered 2 The Limited Liability Companother business entity with a | Agent, Registered Office, & Rany cannot serve as its own Regan active Florida registration.) eet address of the registered age | Registered Agent's | Signature: | | - - | • |
| ARTICLE III - Registered 2 The Limited Liability Companion | Agent, Registered Office, & Rany cannot serve as its own Regin active Florida registration.) ret address of the registered age DEBBIE SCHWARTZ | Registered Agent's | Signature: | | · | • |
| ARTICLE III - Registered 2 (The Limited Liability Companother business entity with a | Agent, Registered Office, & Rany cannot serve as its own Regin active Florida registration.) ret address of the registered age DEBBIE SCHWARTZ | Registered Agent's gistered Agent. You contare: | Signature: | | Ċ, | |
| ARTICLE III - Registered 2 (The Limited Liability Companother business entity with a | Agent, Registered Office, & Rany cannot serve as its own Regin active Florida registration.) ret address of the registered age DEBBIE SCHWARTZ No | Registered Agent's gistered Agent. You ent are: | Signature: a must designate an indivi | | Ċ, | 1 |
| ARTICLE III - Registered 2 (The Limited Liability Companother business entity with a | Agent, Registered Office, & Rany cannot serve as its own Regin active Florida registration.) ret address of the registered age DEBBIE SCHWARTZ No. 208 WELLINGTON L | Registered Agent's gistered Agent. You ent are: | Signature: a must designate an indivi | dual or TALLARISSEL FLORIDA | | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| | Name and Address: | |
|---|--|------|
| "AMBR" = Authorized Memb "MGR" = Manager | ber | |
| _ | | |
| AMBR | RIVKY MENDLOVIC 20 GETZIL BERGER BLVD. UNIT 303 | - |
| | MONROE, NY 10950 | - |
| | | - |
| A LADD | WOLF MENTLOVIC | |
| AMBR | WOLF MENDLOVIC 20 GETZIL BERGER BLVD. UNIT 303 | - |
| | MONROE, NY 10950 | - |
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| (Use attachment if necessary) LEV: Effective date, if other th | nan the date of filing: | |
| CLE V: Effective date, if other the effective date is listed, the date is of filing.) If the date inserted in this block | nan the date of filing: | days |
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| TLE V: Effective date, if other the effective date is listed, the date is of filing.) If the date inserted in this block cument's effective date on the D | nan the date of filing: | days |
| CLE V: Effective date, if other the effective date is listed, the date is e of filing.) If the date inserted in this block cument's effective date on the DELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is document. | and the date of filing: | days |
| CLE V: Effective date, if other the ffective date is listed, the date is e of filing.) If the date inserted in this block nument's effective date on the DELE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware the | nan the date of filing: | days |

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)