

L210004009063

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
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Email Address: mlapointe@coreipf.com

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FLORIDA LIMITED LIABILITY CO.
Core WSD Manager, LLC

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| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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**ARTICLES OF ORGANIZATION
OF
CORE WSD MANAGER, LLC**

The undersigned does hereby subscribe to, acknowledge, and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be CORE WSD MANAGER, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 2750 Coral Way, Suite 200, Miami, Florida 33145, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 2750 Coral Way, Suite 200, Miami, Florida 33145. The initial registered agent at that address is Michael Lapointe.

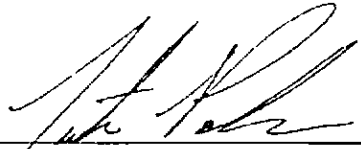
ARTICLE IV

The limited liability company shall be manager-managed. The initial manager of the limited liability company is Core Investment Management LLC.

ARTICLE V

This limited liability company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of October 28, 2021.



Trenton Parks, Authorized Representative

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FILED
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is CORE WSD MANAGER, LLC.

SECOND -- The name and address of the registered agent and office is:

Michael Lapointe
2750 Coral Way, Suite 200
Miami, Florida 33145

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.

Dated as of the 28th day of October 2021.



Michael Lapointe

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