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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
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
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**FLORIDA LIMITED LIABILITY CO.
6001 Manager LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

**ARTICLES OF ORGANIZATION
OF
6001 MANAGER LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **6001 Manager LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**c/o Duncan Hillsley Capital, LLC
7900 Glades Road
Suite 500
Boca Raton, Florida 33434**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, Florida 33408**

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.

**CORPORATE CREATIONS NETWORK INC.,
as Registered Agent**

/s/ Caitlin Lazarus

Name: Caitlin Lazarus

Title: Special Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

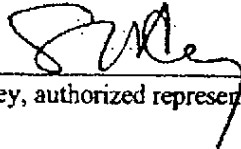
Title:

Name and Address:

MGR

DHC 4635 Cason Cove LLC
7900 Glades Road, Suite 500
Boca Raton, Florida 33434

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 2nd, 2021.



Shane Hillsley, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, 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 Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Shane Hillsley
Typed or printed name of signee

④

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