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

From:  
Account Name : COGENCY GLOBAL, INC.  
Account Number : 120000000088  
Phone : (800)221-0102  
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FLORIDA LIMITED LIABILITY CO.  
TOPCO ISLAMORADA, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
TOPCO ISLAMORADA, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**TOPCO ISLAMORADA, LLC**

**ARTICLE II: - Address**

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

**150 S.E. 2<sup>nd</sup> Avenue, Suite 800  
Miami, Florida 33131**

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

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

**Nelson Stabile  
150 S.E. 2<sup>nd</sup> Avenue, Suite 800  
Miami, Florida 33131**

*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.*

  
\_\_\_\_\_  
Nelson Stabile, Registered Agent

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one or more managers. The name and address of the entity authorized to manage and control the Limited Liability Company is:

Title

MGR

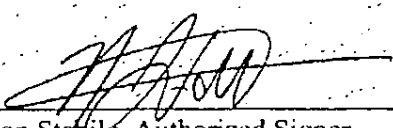
Name and Address

TopCo Manager, LLC

150 S.E. 2<sup>nd</sup> Avenue, Suite 800

Miami, Florida 33131

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on December 8, 2021..

  
\_\_\_\_\_  
Nelson Stabile, Authorized Signer

(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.)

\_\_\_\_\_  
Nelson Stabile  
Typed or printed name of signee