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ALLAHASSECTION

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 2936451 7724781

AUTHORIZATION !

COST LIMIT : \$ 125.00

ORDER DATE: December 10, 2021

ORDER TIME : 3:0 PM

ORDER NO. : 293645-015

CUSTOMER NO: 7724781

DOMESTIC FILING

NAME: DANA BIELSKY 2021 FLORIDA I

LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

		co	VER LET	TER				
	New Filing Sec Division of Cor							
SUBJEC"		ky 2021 Florida I LLC						
SUBSTIC	••	Name of Li	nited Liabil	ity Company				
The enclo	sed Articles of	Organization and fee(s) ar	e submitted	for filing.				
Please reti	игп all correspo	ondence concerning this m	atter to the 1	following:				
	Maurice R. K	Cassimir						
			Name of	Person			-	
	Maurice Kass	simir & Associates, P.C.						
			Firm/Co	mpany			- (古) (T)	•
	1375 Broadw	yay, 23rd Floor				•		· []
			Addr	ess			과H: 0	
	New York, N	YY 10018					: ()	
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	mkassimir@m	<u> </u>	··-··				_	
	Ε	E-mail address: (to be used	for future a	mnual report notificat	ion)			
For further	information cor	ncerning this matter, please	e call:					
	Maurice R. K		12	944-1377				
	Name	e of Person A	rea Code	Daytime Telephon	e Number			
Enclosed i	s a check for th	ne following amount:						
■ \$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 F Certificate o Certified Cop (additional cop	f Status & py	:	

Mailing Address
New Filing Section
Division of Corporations

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:			
e name of the Limited Liab	oility Company is:		
Dana Bielsky 202			
(Must co	onatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
ie mailing address and stree	t address of the principal o	office of the Limited	Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
18501 Collins Ave	enue, Apt. 4901	Samo	9
Sunny Isles Beach			-
RTICLE III - Registered A	Agent, Registered Office,	& Registered Agen	it's Signature:
RTICLE III - Registered And the Limited Liability Compa other business entity with a name and the Florida stre	iny cannot serve as its own in active Florida registratio	Registered Agent. \on.)	nt's Signature: You must designate an individual or
he Limited Liability Compa other business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. \on.) d agent are:	nt's Signature: You must designate an individual or
he Limited Liability Compa other business entity with a	iny cannot serve as its own in active Florida registratio	Registered Agent. \on.) d agent are:	nt's Signature: You must designate an individual or
he Limited Liability Compa other business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. Von.) d agent are: Company	it's Signature: You must designate an individual or
he Limited Liability Compa other business entity with a	iny cannot serve as its own in active Florida registration et address of the registered Corporation Service	Registered Agent. Non.) I agent are: Company Name	You must designate an individual or
he Limited Liability Compa other business entity with a	any cannot serve as its own in active Florida registration et address of the registered Corporation Service 1201 Hays Street	Registered Agent. Non.) I agent are: Company Name	You must designate an individual or

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 lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

By

| Company | Com

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
· ·	
MGR	Michael Cohen, c/o Summit Trail Advisors
	2 Grand Central Tower, 140 E. 45th Street, 28th Floor New York, NY 10017
	Tien Tolk, 11 Toots
	
	
effective date is listed, the date must be s te of filing.) If the date inserted in this block does not	te of filing: December 7, 2021 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
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