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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 293645 7724781

AUTHORIZATION :

COST LIMIT : /\$\125.00

ORDER DATE: December 10, 2021

ORDER TIME : 3:01 PM

ORDER NO. : 293645-020

CUSTOMER NO: 7724781

DOMESTIC FILING

NAME: GABRIELLE 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	ΓER				
	ew Filing Sec ivision of Cor								
SUBJECT		ielsky 2021 Florida	LLLC	•					
Name of Limited Liability Company									
The enclose	ed Articles of	Organization and fe	e(s) are	e submitted	for filing.				
Please retu	m all correspo	ndence concerning	this ma	itter to the	following:				
	Maurice R. K	assimir							
				Name of	Person				
	Maurice Kass	simir & Associates,	P.C.						
	Firm/Company								
	1375 Broadw	ay. 23rd Floor							
				Addr	ess		·		
	New York, N	Y 10018							
			Ci	ity/State an	d Zip Code				
	nkassimir@m			<u></u>		<u> </u>			
F F 1 1 -					nnual report notificat	ion)			
For further in	formation con	cerning this matter.	please	call:					
	Maurice R. Ka	essimir	21: at {		944-1377 .)				
			ea Code	Daytime Telephor	ne Number				
Enclosed is	a check for th	e following amount	:						
≣ \$125.00	Filing Fee	□\$130.00 Filing Certificate of Stat		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified C	Filing Fee, of Status & opy opy is enclosed)		

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

Gabrielle Bielsky 2021	l Florida l LLC				
	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
he mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
18501 Collins Avenue	, Apt. 4901	Sam	e		
Sunny Isles Beach, FL	. 33160	_			
he name and the Blockle street as	tive Florida registratio				
he name and the Florida street ac	ddress of the registered	agent are;			
he name and the Florida street ac	_	agent are;			
he name and the Florida street ac	ddress of the registered	agent are: Company			
The name and the Florida street ac	ddress of the registered	agent are: Company Name	cceptable)		
The name and the Florida street ac	Corporation Service (agent are: Company Name	eceptable)		
he name and the Florida street ac	Corporation Service (1201 Hays Street Florida street address	Company Name s (P.O. Box NOT ac	•		
	Corporation Service (1201 Hays Street Florida street address Tallahassee City	Company Name S (P.O. Box NOT at FL State	32301 Zip		
ving been named as registered ag	Corporation Service (1201 Hays Street Florida street address Tallahassee City	Name S (P.O. Box NOT at FL State State	32301 Zip above stated limited liability company of		
wing been named as registered ag we designated in this certificate, I	Corporation Service (1201 Hays Street Florida street address Tallahassee City tent and to accept service thereby accept the appointment of the component of	Company Name S (P.O. Box NOT at FL State ce of process for the bintment as registere	32301 Zip above stated limited liability company and agent and agree to act in this capacit		
tving been named as registered ag ice designated in this certificate, I ther agree to comply with the prov	Corporation Service of 1201 Hays Street Florida street address Tallahassee City tent and to accept service thereby accept the approvisions of all statutes regations of my position of the service of the approvision of the service of	State Company Name S (P.O. Box NOT as FL State Ce of process for the pointment as registered agent a gent a	32301 Zip above stated limited liability company of		
ace designated in this certificate, I other agree to comply with the pro-	Corporation Service of the registered of the reby accept the approximation of the resistance of the registered of the resistance of the registered of the registered of the resistance of the registered of the re	State Company Name S (P.O. Box NOT as FL State Ce of process for the pointment as registered agent a gent a	32301 Zip above stated limited liability company of agent and agree to act in this capacity and complete performance of my duties		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael Cohen, c/o Summit Trail Advisors 2 Grand Central Tower, 140 E. 45th Street, 28th Floor New York, NY 10017
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da If an effective date is listed, the date must be s	te of filing: December 7, 2021 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Nhueea-
This document is exec I am aware that any fal	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
Maurice R. Kas	simir, Authorized Representative

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)