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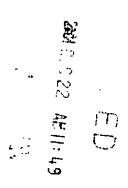
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | New Filing Section Division of Corporations | | | | |
|-----------|---|---|---|---------------|-------------|
| eud II | Triplet Global LLC | | | | |
| SUBJE | | mited Liability Company | | | |
| The en | closed Articles of Organization and fee(s) a | re submitted for filing. | | | |
| Please | return all correspondence concerning this n | natter to the following: | | | |
| | Adriana Rizo-Patron | | | | |
| | ···· | Name of Person | | | _ |
| | 777 Partners LLC | | | | |
| | | Firm/Company | | | _ |
| | 600 Brickell Avenue, 19th Floor | | | | 1 .0 |
| | | Address | • | | |
| | Miami, FL 33131 | | ; | , | 12 DEC 20 |
| | 1 | City/State and Zip Code | | | |
| | arizo-patron@777part.com | | - | | <u> </u> |
| | E-mail address: (to be use | d for future annual report notification | on) | · | 6.11:1134 |
| For furth | er information concerning this matter, pleas | se call: | Í | A | ည် |
| | Mollie Wander | 305 921-6151 | | | |
| | | Area Code Daytime Telephone | Number | | |
| | | | | | |
| Enclose | ed is a check for the following amount: | | | | |
| □\$12 | 5.00 Filing Fee ■\$130.00 Filing Fee & Certificate of Status | ©\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Fi Certificate of Certified Cop (additional copy | Status U y | Ŀ |
| | Mailing Address | Street Address | | | |
| | New Filing Section Division of Corporations | New Filing Section Div The Centre of Tallaha: | | | |
| | P.O. Box 6327 | 2415 N. Monroe Stree | t, Suite 810 | | |
| | Tallahassee, FL 32314 | Tallahassee, FL 32303 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| Triplet Global LLC | | <u> </u> | |
|--|---|--|---|
| (Must cor | natin the words "Limited Liab | pility Company, | "L.L.C" or "LLC.") |
| RTICLE II - Address: | | | |
| he mailing address and street | address of the principal offic | e of the Limited | Liability Company is: |
| <u>Princi</u> | pal Office Address: | | Mailing Address: |
| 600 Brickell Avent | ie, 19th Floor | 600 | Brickell Avenue, 19th Floor |
| | | | |
| he Limited Liability Compar other business entity with ar | y cannot serve as its own Re active Florida registration.) | Registered Ager gistered Agent. | |
| RTICLE III - Registered A The Limited Liability Compar nother business entity with ar | y cannot serve as its own Re active Florida registration.) t address of the registered ag | Registered Ager gistered Agent. | nt's Signature: |
| ARTICLE III - Registered A | y cannot serve as its own Re active Florida registration.) t address of the registered ago Mollie Wander | Registered Ager gistered Agent. | nt's Signature: |
| ARTICLE III - Registered A The Limited Liability Compar mother business entity with ar | y cannot serve as its own Re active Florida registration.) t address of the registered ago Mollie Wander | Registered Ager gistered Agent. ' ent are: | nt's Signature: |
| ARTICLE III - Registered A The Limited Liability Compar nother business entity with ar | y cannot serve as its own Repartment active Florida registration.) t address of the registered against Mollie Wander | Registered Agent. gistered Agent. ent are: ame | nt's Signature: You must designate an individu |
| RTICLE III - Registered A The Limited Liability Compar nother business entity with ar | y cannot serve as its own Rejactive Florida registration.) t address of the registered against Mollie Wander N 600 Brickell Avenue, 19 | Registered Agent. gistered Agent. ent are: ame | nt's Signature: You must designate an individu |

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..

Corporation Service Company

u //

Registered Agent's Signature (REQUIRED)

(CONTINUED)

36 DEC 22 AM 11: 49

ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager AMBR, MGR | |
|---|--|
| · · | |
| AMDR. MOR | Starran W. Dacko |
| | Steven W. Pasko 600 Brickell Avenue, 19th Floor |
| | Miami, FL 33131 |
| AMED MCD | Look Wooden |
| AMBR, MGR | Josh Wander 600 Brickell Avenue, 19th Floor |
| | Miami, FL 33131 |
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| (Use attachment if necessary) | |
| (Ode acaemient it necessary) | |
| te of filing.) If the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 da of meet the applicable statutory filing requirements, this date will not be |
| e of filing.) If the date inserted in this block does no cument's effective date on the Departme | ot meet the applicable statutory filing requirements, this date will not be |
| te of filing.) If the date inserted in this block does no cument's effective date on the Departme | ot meet the applicable statutory filing requirements, this date will not be |
| te of filing.) If the date inserted in this block does no cument's effective date on the Departme | ot meet the applicable statutory filing requirements, this date will not be |
| te of filing.) If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | ot meet the applicable statutory filing requirements, this date will not be ent of State's records. |
| te of filing.) If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exer | the meet the applicable statutory filing requirements, this date will not be ent of State's records. Control State's records. |
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