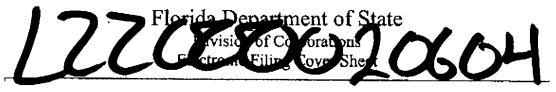
Division of Corporations



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(((H22000024884 3)))



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To:

Division of Corporations

Email Address:\_

Fax Number : (850)617-6381

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100

Fax Number : (954)583-4117

\*\*Enter the email address annual report mailing

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for this business entity to be used	for future
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## FLORIDA LIMITED LIABILITY CO. Fieldcrest South, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

H22000024884

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:					
Fielderest South, LLC (Must contain	the words "Limited	Liability Con	ipany, "L.L.C.," or "ULC.")			
ARTICLE II - Address: The mailing address and street addre	ss of the principal o	ffice of the L	Imited Liability Company is:			
Principal C	ffice Address:		Mailing Address:			
1412 Broadway			1412 Broadway			
FL 18			FL 18		(- <u>-</u> -)	
New York, NY 10018			Now York, NY 10018	<u></u>	2022	
another business entity with an active the name and the Florida street add	not serve as its own re Plorida registratio	Registered A	d Agent's Signature: Igent, You must designate an individual or	LETARY OF STATE HASSEE, FLORID	JAN 19 PH I:	T
_		Name		콜스	ယ်	
,	01 NE 3rd Avenue,	Quisa 1900		D FF	6	
	Florida street addres		(OT acceptable)			
		FL	33301			
<u>. r</u>	t Leuderdale City	State	Zip			
place designated in this certificate, I he further agree to comply with the provis	nt and to accept servi creby accept the app clons of all statutes re tions of my position /s/ Chad P. Puga	ice of process olniment as re clating to the as registered	for the above stated limited liability compared stated agent and agree to act in this cap proper and complete performance of my duagent as provided for in Chapter 605, F.S  Signature (REQUIRED)	acity. I utles, and I		
		(CONTIN				

2 -5 2

ARTICLE IV-

H22000024884

Title:		Name and Address:	
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