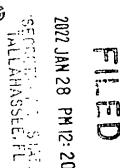
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street a	•		,		
The mailing address and street a	•	f the Limited Lia			
<u>Princip</u>			ibility Company is:		
	al Office Address:		Mailing Address	<u>;</u> :	
3511 NE 22nd Av	enue	351	1 NE 22nd Avenue		
Suite 350	· · · · · · · · · · · · · · · · · · ·		te 350		
Fort Lauderdale,	FL 33308	For	t Lauderdale, FL 33308	}	
	Arvid L. Albanes Nam 3511 NE 22nd A	le		2022 JAN 28	Ci tre
	Florida street address (P.O.				,=
	Fort Lauderdale	FL 333	308	PM 12: 20	8 63
	City	State	Zip	2: 2	•
laving been named as registered of lace designated in this certificate, wither agree to comply with the proposition of the object th	I hereby accept the appointme vovisions of all statutes relating digations of my position as regi	ent as registered a to the proper and	igent and agree to act in t d complete performance o	company at the this capacity. I of my duties, and I	

ARTICLE IV-

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Arvid L. Albanese
	3511 NE 22nd Avenue, Suite 350
	Fort Lauderdale, FL 33308
·	
V: Effective date, if other than	the date of filing:
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V: Effective date, if other than effive date is listed, the date mu filing.) he date inserted in this block doesn's effective date on the Dep. VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than effive date is listed, the date mulfilling.) he date inserted in this block doesn's effective date on the Department's effective date on the Department's effective date on the Department of the D	st be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not artment of State's records. Article Management
V: Effective date, if other than effive date is listed, the date mu filing.) he date inserted in this block doesnt's effective date on the Department. Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that	And Albanese of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State.
V: Effective date, if other than effive date is listed, the date mu filing.) he date inserted in this block doesnt's effective date on the Department. Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
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