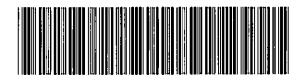
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	- #)
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PICK-UP	TIAW [MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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		PICK	UP:	2/1 DANNY			
	xx	CERTIFIED COPY PHOTOCOPY CUS					
	XX	FILING	LLC				
1.		4215 SHERIDAN LLC (CORPORATE NAME AND DOCUM	ENT#)	<u>.</u>			
2.		(CORPORATE NAME AND DOCUM	ENT #)				
3.		(CORPORATE NAME AND DOCUM	ENT#)				
4.		(CORPORATE NAME AND DOCUM	ENT#)				
5.		(CORPORATE NAME AND DOCUM	ENT #)			-	
6.		(CORPORATE NAME AND DOCUM	ENT #)				
	ECIAI TRU	I. CTIONS:					
							
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
VISION OF CORPOR VITIONS

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The name of the Limited Liability Company is:

2022 FEB - 1 PM 12: 10 1

(Must contain the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")
LE II - Address:	
iling address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4215 SHERIDAN AVE #5	PO BOX 403783
MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140

The name and the Florida street address of the registered agent are:

NADLAN MANAGEMENT & INVESTMENTS LLC		
	Name	
1545 NW 8TH AVI	E #115	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL_	33136
City	State	Zip

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..

/S/SIDNEY KAHN	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	SIDNEY KAHN 1545 NW 8TH AVE #115 MIAMI, FL 33136
	
	SECRETA 2022 FEB
	
(Use attachment if necessary)	PH 12: 10
If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) — recific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
REQUIRED SIGNATURE: /S/S	SIDNEY KAHN
Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

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)

\$ 5.00 Certificate of Status (Optional)

SIDNEY KAHN