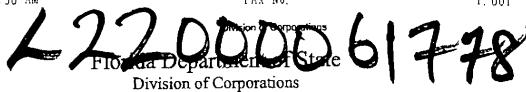
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From:

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Account Number : 072262000447 : (561)842-3000 : (561)842-3626 Fax Number

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FLORIDA LIMITED LIABILITY CO. **SCUBED LLC**

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ARTICLES OF ORGANIZATION

OF

SCUBED LLC

THE UNDERSIGNED, pursuant to the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of this Limited Liability Company is:

SCUBED LLC

ARTICLE II - DURATION

The duration of this Limited Liability Company is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPARE

The mailing address of the business of this Limited Liability Company is 1828 Bay Road, #301, Miami Beach, Florida 33139, and the principal place of business of this Limited Liability Company is 1828 Bay Road, #301, Miami Beach, Florida 33139.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, West Palm Beach, Florida 33407, and the name of its initial registered agent at that address is Adam R. Seligman.

Prepared by: Adam R. Seligman, Esq.

4420 Beacon Circle

West Palm Beach, Florida 33407 Bar No: 22923 ◆ Phone: 561/842-3000

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ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The name and address of the initial manager is as follows:

managed limited liability company. The nam	ne and address of the initial manager is as follows:	
James J. Wall	1828 Bay Road, #301,	
DATED this <u>M</u> February, 2022.	Miami Beach, Florida 33139 By: Adam R. Seligman, Authorized Representative (In accordance with Florida Statutes \$605.0205(3) execution of this document constitutes an affirmat under penalties of perjury that the facts stated her are accurate.)	tion
STATE OF FLORIDA)	,	
COUNTY OF PALM BEACH)		
The foregoing instrument was acknowledge U day of February, 2022, by Adam R. Selig liability company, who [is personally identification.	E O	this
RESTAL A VARIA PETATY PROJECT SERVE OF PROVIDE TOTAL TOTAL TO THE 2176-10 Ag Comm. Expires 180, 18, 2026 Bended 11712 Of National recordy Again.	Nopary Public of the State of Florida Print Name: KHOTIN A VAPA	0

Prepared by: Adam R. Seligman, Esq.

4420 Beacon Circle

West Palm Beach, Florida 33407
Bar No: 22923 • Phone: 561/842-3000

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for SCUBED LLC, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: February 2022

Adam R. Seligman 4420 Beacon Circle,

West Palm Beach, Fldrida 3/3407

Prepared by: Adam R. Seligman, Esq. 4420 Beacon Circle

West Palm Beach, Florida 33407

Bar No: 22923 • Phone: 561/842-3000