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**Florida Department of State
Division of Corporations
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Account Name : CAPITOL SERVICES, INC.
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**FLORIDA LIMITED LIABILITY CO.
DISCOVERY BOCA HOLDINGS LLC**

Certificate of Status	0
Certified Copy	1
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March 8, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: DISCOVERY BOCA HOLDINGS LLC
REF: W22000030502

***PLEASE PROVIDE THE
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: B22000087174
Letter Number: 222A00005586

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Discovery Boca Holdings LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4030 Ainslie BBoca Raton, Florida 33433**Mailing Address:**c/o Eli D. Greenberg, Esq.Schwartz Sladkus Reich Greenberg Atlas LLP444 Madison Avenue, 6th Floor, New York, New York 10022**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd FlFlorida street address (P.O. Box **NOT** acceptable)Tallahassee FL 32301

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.

Taylor SeayTaylor Seay, Asst. Sec. on behalf of
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**

Donna Rabinowitz
c/o Eli D. Greenberg, Esq.
Schwartz Sladkus Reich Greenberg Atlas LLP
444 Madison Avenue, 6th Floor
New York, New York 10022

MGR

Richard Rabinowitz
c/o Eli D. Greenberg, Esq.
Schwartz Sladkus Reich Greenberg Atlas LLP
444 Madison Avenue, 6th Floor
New York, New York 10022

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.
This document is exempted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s. 317.155, F.S.

Richard Rabinowitz

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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