Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000109124 3)))



H220001091243ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

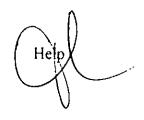
Email Address: _MARGEWAUGH@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. SLN REALTY, LLC

| Certificate of Status | i |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SI | LN REALTY, LLC |
|--|---|
| (Must end with the w | 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: | Mailing Address: |
| 27237 LA JOLLA WAY | 27237 LA JOLLA WAY |
| WESLEY CHAPEL, FL 33544 | WESLEY CHAPEL, FL 33544 |
| | |
| | stered Office, & Registered Agent's Signature: |
| (The Limited Liability Company cannot so | erve as its own Registered Agent. I ou must designate an individual or |
| | orida registration) |
| another business entity with an active Flo | orida registration.) |
| | orida registration.) |
| another business entity with an active Flo | orida registration.) |
| another business entity with an active Flo The name and the Florida street address o | orida registration.) If the registered agent are: |
| another business entity with an active Flo The name and the Florida street address o | orida registration.) SEC OF STATE FLORIDA Name SEC OF STATE SEC OF STATE Name |
| another business entity with an active Flo The name and the Florida street address o AGUIRRE ST 27237 LA JO | orida registration.) SEC OF STATE FLORIDA Name SEC OF STATE SEC OF STATE Name |
| another business entity with an active Flo The name and the Florida street address o AGUIRRE ST 27237 LA JO | F. VIL Name PLLA WAY dress (P.O. Box NOT acceptable) |

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 6Q5, F.S..

Registered Agent's Signature (REQUIRED)

AGUIRRE ST VIL

(CONTINUED)

Page 1 of 2

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| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|---|--|----------------------|
| "MGR" = Manager AMBR | AGUIRRE ST. VIL | |
| | 27237 LA JOLLA WAY WESLEY CHAPEL, FL 33544 | |
| | | |
| - | | |
| | | 2022 MAR |
| | | |
| (Use attachment if necessary) | SSE TISS | 24 |
| CLE V: Effective date, if other than the date of filing | g: (OPTIONAL);;;; nd cannot be more than five business days prior to:or 90 | <u>⊋</u> 3.4m9s • |
| e of filing.) | The Cannot be more than five business days prior to the | 03 |
| CLE VI: Other provisions, if any. | | |
| <u> </u> | | |
| | | |
| REQUIRED SIGNATURE: | A | |
| Signature of a member of (In accordance with section 605.020 constitutes an affirmation under the | or an actionized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State a provided for in s.817.155, F.S.) | |