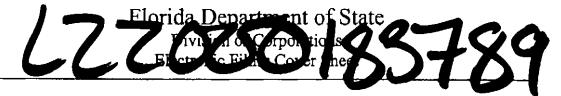
5/4/22, 2:47 PM

**Division of Corporations** 



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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (954)583-4117

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

| Email Address: |  |
|----------------|--|
|----------------|--|

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## FLORIDA LIMITED LIABILITY CO.

## Silicon Beach Front 1, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

2021 HAY -4 PH 5: 08

Electronic Filing Menu

Corporate Filing Menu

Help

| ARTICLES OF ORGANIZATION FOR FLOR  | RIDA LIMITED LIABILITY COMPANY                            |
|--|---|
| ARTICLE 1 - Name: The name of the Limited Liability Company is:  |   |
| Silicon Beach Front 1, LLC   |   |
| (Must contain the words "Limited Liabi   | lity 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:  |
| 950 Stillwater Drive   | 950 Stillwater Drive                                      |
| Miami Beach, FL 33141  | Miami Beach, FL 33141                                     |
| ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent Lorium Law  Name Agent Age | stered Agent. You must designate an individual or nt are: |
| Näi  | nc  |

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.

Florida street address (P.O. Box NOT acceptable)

State

197 S. Federal Highway, Suite 200

**Boca Raton** 

City

/s/ Greg Mitchell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -4 PM 5: 08

## H22000161770

| "AMBR" = Authorized Me   | Name and Address:  |
|--|--|
|  | mber   |
| "MGR" = Manager  |  |
| MGR  | Ron Guhnan   |
|  | Ron Guhnan<br>950 Stillwater Drive   |
|  | Miami Beach, FL 33141  |
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