# L22000288782

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 06/23/2022        |  | <i>™WALK I</i> N≅                      |
|------------------------|--|--|
| ENTITY NAME Univers    | ty Opco LLC  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                        | <u>· ·</u>   |  |
| DOCUMENT NUMBER_       |  |  |
|                        | **PLEASE FILE THE ATTACHED AND RETURN*   | •                                      |
| xxxxxx                 | Plain Copy   |  |
| <del></del>            | Certified Copy   |  |
|                        | Certificate of Status  |  |
| **/                    | CEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN<br>Certified Copy of Arts & Amendments<br>Certificate of Good Standing | V777Y**                                |
|                        | **APOSTILLE' / NOTARIAL CERTIFICATION  | <b>+*</b>                              |
| COUNTRY OF DESTINAT    | ON   |  |
| NUMBER OF CERTIFICAT   | TES REQUESTED  |  |
| TOTAL OWED \$125       | ACCOUNT #: 12  | 0160000072                             |
|                        | 5. R   | F/W                                    |
| Please call Tina at th | e above number for any issues or concerns. The   |  |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FILED

2022 JUN 24 AM 8: 35

| University Opco LLC  | <u> </u>        |
|--|-----------------|
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | TALLAHASSEE, FL |

| ARTICLE II - Address:<br>The mailing address and stre   | et address of the principal o   | ffice of the Limited                           | Liability Company is:                              |  |
|---|---|--|--|--|
| <u>Prir</u>   | cipal Office Address:   |  | Mailing Address:                                   |  |
| 3648 University Blvd South Jacksonville, FL, 32216  |   |  | 3648 University Blvd South Jacksonville, FL, 32216 |  |
|   |   | D. D   | nt's Kianatura                                     |  |
| The Limited Liability Computer business entity with   | any cannot serve as its own<br>an active Florida registratio<br>eet address of the registered                                     | Registered Agent.<br>n.)<br>agent are:         | You must designate an individual or                |  |
| The Limited Liability Computer business entity with   | any cannot serve as its own<br>an active Florida registratio  | Registered Agent. n.) agent are: ices LLC      |  |  |
| ARTICLE III - Registered [The Limited Liability Companother business entity with The name and the Florida str | any cannot serve as its own<br>an active Florida registratio<br>eet address of the registered                                     | Registered Agent.<br>n.)<br>agent are:         |  |  |
| The Limited Liability Companother business entity with  | eany cannot serve as its own an active Florida registration eet address of the registered Platinum Agent Serv                     | Registered Agent. n.) agent are: ices LLC Name | You must designate an individual or                |  |
| The Limited Liability Companother business entity with  | any cannot serve as its own an active Florida registratio eet address of the registered  Platinum Agent Serv  155 Office Plaza Dr | Registered Agent. n.) agent are: ices LLC Name | You must designate an individual or                |  |

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/ Steven Friedman                     |   |
|---|---|
| Registered Agent's Signature (REQUIRED) | _ |

(CONTINUED)

#### ARTICLE IV-

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

| "AMBR" = Mulnarger  MGR  | Title:  | Name and Address:   |
|--|---|---|
| (Use attachment if necessary)  (Use attachment if necessary)  (RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   | -   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  (OPTIONAL)  f 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.)  (other if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a he document's effective date on the Department of State's records.  RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  (8/ Josef Cukier  Signature of a member or an authorized representative of a member.  This document is executed 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.817.155, F.S. | <u>MGR</u>  | Josef Cukier  22 Bridgewood Ave   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   | <del></del>   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e date of filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a te document's effective date on the Department of State's records.  RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed 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.817.155. F.S.                                     |   |   |
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| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   |   |   |
| (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:   | <del></del>   |   |
| RTICLE V: Effective date, if other than the date of filing:  |   |   |
| REQUIRED SIGNATURE:  /s/ Josef Cukier  Signature of a member or an authorized representative of a member.  This document is executed 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.817.155, F.S.  | f an effective date is<br>e date of filing.)<br>(ote: If the date inso<br>ne document's effec | s listed, the date must be specific and cannot be more than five business days prior to or 90 days after<br>erted in this block does not meet the applicable statutory filing requirements, this date will not be listed<br>tive date on the Department of State's records. |
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| This document is executed 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.817.155, F.S.   |   | /s/ Josef Cukier  |
| Josef Cukier Typed or printed name of signee   |   | This document is executed 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   |
| Typed or printed name of signee  |   | Josef Cukier  |
|  |   | Typed or printed name of signee   |

### 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)