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DIVISION CO THE ATTORION TALLAHASSEE FLORION

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 774958 AUTHORIZATION : COST LIMIT : ORDER DATE: June 28, 2022 ORDER TIME : 2:03 PM ORDER NO. : 774958-005 CUSTOMER NO: 4313323 DOMESTIC FILING NAME: MCG OZK LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

10:	Division of Corporations		
CHDH	ect.	MCG OZK LLC	
SUBJE	Name of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this matter t	to the following:	
	C	Charles M. LeSchack	
		Name of Person	
	CUM	IMINGS & LOCKWOOD LLC	
		Firm/Company	
	Six	Landmark Square, 9th Floor	
		Address	
Stamford, CT 06901			
		City/State and Zip Code	
	cleschack@cl-law.c	om	
	E-mail address: (to be	e used for future annual report notification)	
For fur	ther information concerning this matter, please ca	ıll:	
	Charles M. LeSchack	203 351-4418 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\sumsymbol{\Pi}\$ \$125.00 Filing Fee \$\sumsymbol{\Pi}\$ \$130.00 Filing Fe Certificate of	re & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee; Certificate	

ARTICLES OF ORGANIZATION OF MCG OZK LLC

ARTICLE I Name

The name of this limited liability company is MCG OZK LLC (the "Company").

ARTICLE II
Address

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

134 Atlantic Avenue Palm Beach, FL 33480

ARTICLE III
Purpose

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

ARTICLE IV <u>Duration</u>

The period of duration for the Company is perpetual.

ARTICLE V
Registered Office and Agent

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

David M. Halpen 3001 PGA Boulevard, Suite 104 Palm Beach Gardens, FL 33410

Ilaving been named as registered agent and to accept service of process for the above stated in the 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 without accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Bv:

ALPEN

ARTICLE VI Management

The Company is to be managed by one manager and is, therefore, a manager-managed company. The name and address of the initial manager of the Company is:

Edith Gelfand 134 Atlantic Avenue Palm Beach, FL 33480

ARTICLE VII Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

ARTICLE VIII Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated June 28, 2022

DKVID M. HAJAPEN

Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statútes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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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