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FLORIDA LIMITED LIABILITY CO.

Bash Investments I, LLC

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SUBJECT		tments I, LLC						
0000000	·	Name of	Limited Liabili	ty Company				
The enclos	ed Articles of	Organization and fee(s	s) are submitted	for filing.				
Please retu	rn all correspo	adence concerning thi	s matter to the f	ollowing:				
	Bradley Coo	k, Esq.						
			Name of	Person		·		
	Galbut Walte	ers and Associates, LL	P					
		<u> </u>	Firm/Co	mpany				
	4770 Biscay	ne Blvd., Stc. 1400						
			Addr	ess				
	Miami, FL 3	3137						
	Bcook@hudc	an.com	City/State an	d Zip Code				
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Enclosed is	s a check for t	ne following amount:						
\$125.00	Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 F Certificate o Certified Co (additional cop	f Status &	2022	
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ARTICLES OF ORGANIZATION FOR	FLORIDA LIM	ITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Bash Investments I, LLC		
(Must contain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal of	ffice of the Li	mited Liability Company is:
Principal Office Address:		Mailing Address:
4770 Biscayne Blvd.		4770 Biscayne Blvd.
Suite 1400		Suite 1400
Miami, FL 33137		Miami, FL 33137
The Limited Liability Company cannot serve as its own mother business entity with an active Florida registration of the registered from the Florida street address of the registered from	on.)	gent. You must designate an individual or
_	_	
Abraham A. Galbut,		
	Name	
4770 Biscayne Blvd	, Ste 1400	·
Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)
<u>Miami</u>	FL_	33137
City	State	Zip
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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 at provider for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRE)

(CONTINUED)

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(((H22000224591 3)))

Title: "AMBR" = Autho "MGR" = Manage		Name and Address;	
MGR		David Basch 4770 Biscayne Blvd., Suite 1400 Miami, FL 33137	
			
			
(Use attachment if	, if other than the date	of filing: (OPT	TONAL)
LE V: Effective dat ffective date is listed to of filing.) If the date inserted in turnent's effective date	e, if other than the date , the date must be spon a this block does not not te on the Department	ecific and cannot be more than five business days neet the applicable statutory filing requirements, th	prior to or 90 days a
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