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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:__

FLORIDA LIMITED LIABILITY CO.

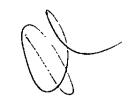
MESHECHOK TRUST ASSET MANAGEMENT, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | oility Company is: | | | |
|--|--------------------------------------|--------------------------|-------------------------------|---|
| | Asset Management, LLC | <u> </u> | | |
| (Must co | ontain the words "Limited | Liability Compar | y, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and stree | et address of the principal of | office of the Limit | ed Liability Company is: | |
| Princ | cipal Office Address: | | Mailing Address: | |
| 1000 Brickell Plaz | za, Apt. 3807 | | 000 Brickell Plaza, Apt. 3807 | |
| Miami, FL 33131 | | <u>N</u> | iami, FL 33131 | |
| another business entity with a The name and the Florida stre | Alex Meshechok 1000 Brickell Plaza, | Name Apt. 3807 | | 2022 JUL -6 AM 8:5 ALLAHASSELTILORID |
| | Florida street addres | ss (P.O. Box <u>NO</u> T | acceptable) | 51 10/ |
| | Miami | FI. | 33131 | |
| | City | State | Zip | |
| | | | | |

(CONTINUED)

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized M | 1ember |
| "MGR" = Manager | |
| AMBR | Alex Meshechok 1000 Brickell Plaza, Apt. 3807 |
| | 1000 Brickell Plaza, Apt. 3807 |
| | Miami, FL 33131 |
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| LE V: Effective date, if oth fective date is listed, the defending.) If the date inserted in this burnent's effective date on the LE VI: Other provisions, if REOUIRED SIGNATURES Signature Signa | there than the date of filing: |
| LE V: Effective date, if oth fective date is listed, the description of filling.) If the date inserted in this burnent's effective date on the LE VI: Other provisions, if REQUIRED SIGNATE /S Signam away constitute. | there than the date of filing: |

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