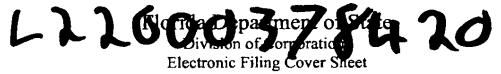
Division of Corporations



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.

(((H22000293554 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (860)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: | | |
|-------|----------|------|--|
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FLORIDA LIMITED LIABILITY CO. DI LIDO BEACH COMMERCIAL PARENT LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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| | New Filing Sec Division of Co | | | | | | |
|-------------|----------------------------------|--|------------------|---|---|-------------|---|
| | | each Commercial Pare | nt LLC | | | | |
| SUBJEC | Т: | Name o | f Limited Liab | ility Company | | | |
| The encio | sed Articles of | Organization and fee(| s) are submitte | d for filing. | | | |
| Please ret | um all corresp | ondence concerning th | is matter to the | following: | | | |
| | Javier A. Gr | randa | | | | | |
| | | | Name o | f Person | | | |
| | Lionstone D | Development | | | | | |
| | | | Firm/C | отралу | | | |
| | 4100 N.E. 2 | and Avenue, Suite 202 | | | | | |
| | | | Add | dress | | | |
| | Miami, FL 3 | 33137 | | | | | |
| | | | City/State a | nd Zip Code | | | |
| | javier@lionst | · | ward for fishing | annual report notificat | ion | | |
| F 6 | | | | annuar report nouncac | ion) | | |
| ror iuruier | information co | oncerning this matter, p | | | | | |
| | Cayla M. Ro | | 305 at (| 854-0800) | | | |
| | Nam | ne of Person | Area Code | Daytime Telephon | ne Number | | |
| Enclosed | is a check for t | he following amount: | | | | | |
| □\$125.0 | 00 Filing Fee | □\$130.00 Filing Fo Certificate of Statu | s Certi | 55.00 Filing Fee & fied Copy nal copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | 2022 AUG 30 | |
| | New F Divisi P.O. E | ng Address Filing Section on of Corporations Box 6327 Bassee, FL 32314 | | Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230 | assee Ect, Suite 810 | AH 8: 10 | C |

H22000293554 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICIASOF | ONUMINZATIONTO | CPLOCKIDA LA.VIII | ILDITABILITY COMPANY |
|---|--|---------------------------|---|
| ARTICLE I - Name: The name of the Limited Liability | Company is: | | |
| Di Lido Beach Comm | | | |
| (Must conta | in the words "Limited | I Liability Compa | ny, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal | office of the Lim | ited Liability Company is: |
| <u>Principa</u> | l Office Address: | | Mailing Address: |
| 4100 N.E. 2nd Avenu | c. Suite 202 | 4 | 4100 N.E. 2nd Avenue, Suite 202 |
| Miami, FL 33137 | | | Miami, FL 33137 |
| ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act The name and the Florida street ac | cannot serve as its ow tive Florida registrat | n Registered Age ion.) | agent's Signature: nt. You must designate an individual or |
| | Javier A. Granda | | |
| | | Name | |
| | 4100 N.E. 2nd Ave | nue, Suite 202 | |
| | Florida street addre | ss (P.O. Box <u>NO</u> | T acceptable) |
| | Miami_ | FL | 33137 _ |

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..

State

City

Registered Agent's Signature (REQUIRED

Zip

(CONTINUED)

2022 AUG 30 AM 8: 10

ARTICLE IV-

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| Title: | Name and Address: | | |
|--|---|--------------------------------------|------------------|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | | | |
| MGR | Javier A. Granda | | |
| | 4100 N.E. 2nd Avenue, Suite 202 | | |
| | Miami, FL 33137 | | |
| MGR, | Ron Ben-Josef, | | |
| | 104 West 40th Street, 9th Floor | | |
| | New York, New York 10018 | | |
| MGR | Paul C. Kanavos | | |
| | 70 East 55th Street, 23rd Floor | | |
| | New York, New York 10022 | | |
| | See additional page | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| LEV: Effective date, if other than | the date of filing: (OPTION | | s afte |
| LE V: Effective date, if other than flective date is listed, the date muse of filing.) If the date inserted in this block do | es not meet the applicable statutory filing requirements, this de | or to or 90 day | |
| LE V: Effective date, if other than flective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Department's Cherry provisions, if any. | es not meet the applicable statutory filing requirements, this de | or to or 90 day ate will not be l | |
| LE V: Effective date, if other than flective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's Cherroresions, if any. | est be specific and cannot be more than five business days prices not meet the applicable statutory filing requirements, this deartment of State's records. | or to or 90 day ate will not be l | |
| LE V: Effective date, if other than flective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Department. LE VI: Other provisions, if any. | est be specific and cannot be more than five business days prices not meet the applicable statutory filing requirements, this deartment of State's records. | or to or 90 day ate will not be l | |
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H22000293554 3

MGR Ronen Ben-Josef

104 West 40th Street, 9th Floor
New York, New York 10018

MGR Dayssi Olarte de Kanavos
70 East 55th Street, 23rd Floor
New York, New York 10022

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