

**C22000451271**

Division of Corporations

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (954)791-2100  
Fax Number : (954)583-4117

**\*\*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.  
SAMAND RE HOLDINGS, LLC**

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22 OCT 20 PM 12:35

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ARTICLES OF ORGANIZATION  
OF  
SAMAND RE HOLDINGS, LLC

## ARTICLE I - NAME

The name of the limited liability company is SAMAND RE HOLDINGS, LLC,  
("company").

## ARTICLE II - ADDRESS

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

Principal Office Address:

215 Henning Drive  
West Palm Beach, Florida 33406

Mailing Address:

215 Henning Drive  
West Palm Beach, Florida 33406

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Ian M. Berkowitz, Esq.  
Berkowitz & Associates, P.A.  
2700 North Military Trail, Suite 150  
Boca Raton, Florida 33431

*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.*

  
Ian M. Berkowitz, Esq.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

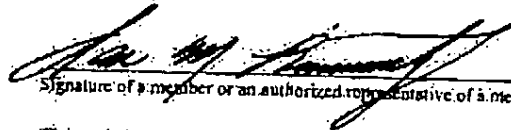
"AMBR" = Authorized Member

Name and Address:

AMBR

John-Michael Soler  
215 Henning Drive  
West Palm Beach, Florida 33406

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.

Ian M. Berkowitz, Esq.

Typed or printed name of signer

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FILED OCT 20 2022  
CLERK OF THE COURT  
STATE OF FLORIDA

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