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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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SECRETARY OF STATE STATE OF CORPORATIONS

7022 OCT 31 PM 2: 2

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2431 GULF TO BAY	LLC			
<u>-</u>				
-				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
		į		Annual Report / Reinstatement
			<u> </u>	Cert. Copy_ARTICLES
				Photo Copy
		i		Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		·		Fictitious Owner Search
				Vehicle Search
	_			Driving Record
Requested by: SETH	10/31/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Walk-In	Will Diale II-			UCC II Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabilit	y Company is:				
2431 Gulf to Bay LLe	C				
(Must conta	in the words "Limited	Liability Company, "	'L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street ac	ldress of the principal c	office of the Limited 1	Liability Company is:		
<u>Principa</u>	d Office Address:		Mailing Address:		
10733 Maple Chase I	Drive	10733	3 Maple Chase Drive		
Boca Raton, FL 3349	98	Boca	Raton, FL 33498		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	n Registered Agent. Yon.)	t's Signature: 'ou must designate an individual or	22 OCT 31	SECRETARY
	ARDR HOLDING L	LC		<u> </u>	49 49 70
		Name		AM IO:	ORA VIS
	10733 Maple Chase	Drive		<u>~</u>	100 1100 1100 1100 1100 1100 1100 1100
Florida street address (P.O. Box NOT acceptable)				•	771
	Boca Raton	Florida	33498		
	City	State	Zip		

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..

Registered Agent's Signature (REQUIRED)

Adam Zucker

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Membe "MGR" = Manager	er er	
MGR	ARDR HOLDING LLC 10733 Maple Chase Drive Boca Raton, FL 33498	0
MGR _.	ART STRATEGY INVESTMENT LLC 688 Ocean Blvd Golden Beach, FL 33160	171808 07 0 148 38035 189 3
MGR	MOONSTONE EQUITY LLC 1309 Coffeen Avenue STE 1200 Sheridan, WY 82801	TOF WATE
		<i>77</i> :
(Use attachment if necessary)	n the data of filings	
(If an effective date is listed, the date m the date of filing.)	n the date of filing:	•
ARTICLE VI: Other provisions, if any.	•	
REQUIRED SIGNATURE:	Adam Zucker	

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.

Adam Zucker, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)