

L22000494724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

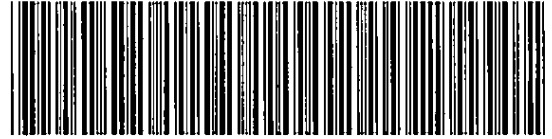
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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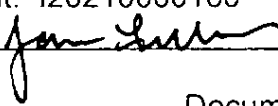
S. CHATHAM  
NOV 28 2022

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DIVISION OF CORPORATIONS  
22 NOV 22 AM 10: 22

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2022 NOV 22 PM 3: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 125.00

Authorization Signature:   
Steel, LLC  
Business

Document #

Walk in  
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Mail out  Will wait

Photocopy

**Certified Copy of Articles of Organization**

**Certificate of Status**

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 LLLP  
 **CORP**

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/  
 Merger  
 Conversion  
 **AFFIDAVID BY FOREIGN CORP.**

**OTHER FILINGS**

Annual Report  
 Fictitious Name

          APOSTIL            
          Country

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Statement of AUTHORITY  
 Reinstatement  
 Other

EXAMINER'S INITIALS: \_\_\_\_\_

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Other

EXAMINER'S INITIALS: \_\_\_\_\_



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEEL, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

282 NE 191 STREET, SUITE 31904  
MIAMI, FL 33179-3899

282 NE 191 STREET, SUITE 31904  
MIAMI, FL 33179-3899

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

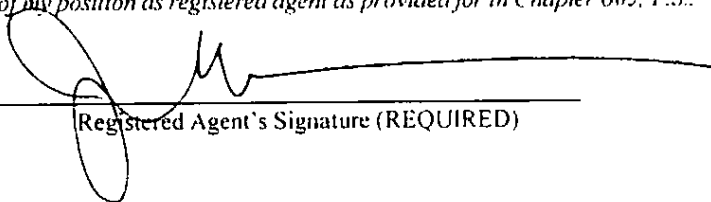
JONATHAN H. GREEN & ASSOCIATES, P.A.  
Name

901 Ponce de Leon Boulevard, Suite 601  
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables                      Florida                      33134  
City                                      State                                      Zip

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SECTION PART OF  
DIVISION OF CORPORATION  
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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 as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

AEGIS HOLDINGS, LLC  
228 PARK AVENUE S., SUITE 31094  
NEW YORK, NY 10003-1502

\_\_\_\_\_

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\_\_\_\_\_

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DIVISION OF CORPORATIONS  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

SANDRA Z. GREEN, ESQ.

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)