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SECRETARY OF STATE

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COVER LETTER

	Sew Filing Sec Division of Co					
SUBJEC"		oldings, LLC				
SOMEC	·		ime of Lin	nited Liabili	ty Company	
The enclo	sed Articles of	Organization and	d fee(s) ar	e submitted	for filing.	
Please reti	ırn all correspo	ondence concerni	ng this ma	atter to the fe	ollowing:	
	Brian A. Fla	nk				
				Name of	Person	
	Neuberger, (Quinn, Gielen, R	ubin & Gi	bber, P.A.		
		<u> </u>		Firm/Co	npany	
	One South S	treet, 27th Floor				
				Addre	:ss	
	Baltimore, M	faryland 21202				
			С	lity/State and	d Zip Code	<u>-</u>
	BAF@NQGR					····
	ŀ	E-mail address: (t	o be used	for future a	nnual report notificat	ion)
For further i	information co	ncerning this mat	ter, please	e call:		
	Benjamin R.	Marks		03	798-6650)	
	Nam	e of Person		rea Code	Daytime Telephon	
Enclosed i	s a check for th	ne following amo	unt:			
≘ \$125.00) Filing Fee	□\$130.00 Fili Certificate of		Certifie	i.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi	g Address		Ī	Street Address New Filing Section Di	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 158234 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: November 27, 2022 ORDER TIME : 10:01 AM ORDER NO. : 158234-005 CUSTOMER NO: 4362065 DOMESTIC FILING NAME: SALZACH HOLDINGS, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: ____

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Salzach Holdings, LLC					
(Must contain the words "Li	mited Liabil	lity Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prin	cipal office (of the Limit	ed Liability Company is:		
Principal Office Address	<u>s</u> :		Mailing Address:		
252 Shore Court Lauderdale-By-The-Sea, FL 33308			52 Shore Court auderdale-By-The-Sea, FL 33308	2	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	ts own Regis			0 S KON 28	7-1-1-1
The name and the Florida street address of the reg	istered agen	t are:		PH 0	
Benjamin R. M	4arks			ω	
	Nan	ne		<u></u>	
252 Shore Cor Florida street). Box <u>NOT</u>	acceptable)		
<u>Lauderdale-By</u>	-The-Sea	FL	33308		
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)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Benjamin R. Marks 252 Shore Court Lauderdale-By-The-Sea, FL 33308
MGR	Marco Dal Moro 252 Shore Court Lauderdale-By-The-Sea, FL 33308
	<u> </u>
<u> </u>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the de effective date is listed, the date must be te of filing.)	ate of filing:
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does no ocument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days a structure the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does no ocument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days a or meet the applicable statutory filing requirements, this date will not be listed.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does no occument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is exect I am aware that any fa	specific and cannot be more than five business days prior to or 90 days a or meet the applicable statutory filing requirements, this date will not be listed.

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)