

L23000033247

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000030252 3))



H230000302523ABCR

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) 617-6361

From: Account Name : VCORP SERVICES, LLC
Account Number : T20060000067
Phone : (845) 425-0077
Fax Number : (845) 818-3538

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2023 4 PM 12:10

FLORIDA LIMITED LIABILITY CO. AFBI MANAGEMENT GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION
FOR
AFBI MANAGEMENT GP LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: AFBI Management GP LLC.

ARTICLE II – Address:

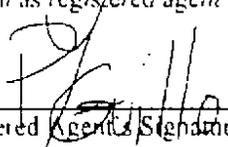
The mailing address and street address of the principal office of the Limited Liability Company is: 2301 Collins Avenue, #515, Miami Beach, FL 33139

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

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

Pierre-Yves Guillo
2301 Collins Avenue, #515
Miami Beach, FL 33139

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

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Pierre Yves-Guillo 2301 Collins Avenue, #515 Miami Beach, FL 33139
Manager	Stephen Klein 2301 Collins Avenue, #515 Miami Beach, FL 33139
Manager	Serge Krasnyansky 2301 Collins Avenue, #515 Miami Beach, FL 33139

REQUIRED SIGNATURE:



Signature of 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.

Stephen Klein
Name of signee