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SECRETARY OF CLASSICAL AHASSEE, FLORE



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 643279 7175508 AUTHORIZATION : COST LIMIT : \$ 125/00/ ORDER DATE: April 5, 2023 ORDER TIME : 8:33 AM ORDER NO. : 643279-005 CUSTOMER NO: 7175508 DOMESTIC FILING NAME: KUHN FAMILY INVESTMENT, 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-sorenson - EXT.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	. Camana ia			
The name of the Limited Liability	Company is:			
KUHN FAMILY INV				
(Must conat	in the words "Limite	ed Liability Con	npany, "L.L.C.," or "LLC.")	
. Difficulty is a little of the control of the cont				
ARTICLE II - Address:	dance of the painting	d affice af the l	imited Liebility Company is	
The mailing address and street ad-	aress of the principa	ii office of the 1.	imited Liability Company is:	
Principa	l Office Address:		Mailing A	<u>ddress</u> :
157 W. 57TH STREE	T. #51C		157 W. 57TH STREET. #	51C
NEW YORK, NEW YORK 10019 NEW YORK, NEW YOR				
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its o	wn Registered A		ı individual or
The name and the Florida street ac	ddress of the registe	red agent are:		
Corporation Service Company				
		Name		•
	1201 Hays Street			•
	Florida street add	ress (P.O. Box <u>I</u>	NOT acceptable)	
	Tallahassee	FL	32301	

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..

Corporation Service Company

City

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager <u>MGR</u>	ERIC KUHN 157 W. 57TH STREET, #51C NEW YORK, NEW YORK 10019		
(Use attachment if necessary)			
an effective date is listed, the date must be set date of filing.)	the of filing:		
CTICLE VI: Other provisions, if any.			
REOUIRED SIGNATURE:	Carrie Hange		

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.

CARRIE A. HARRINGTON, ORGANIZER

Typed or printed name of signee

Filing Fees:

Manon 6 PMP:38 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)