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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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April 6, 2023

CORPORATE ACCESS, INC.

SUBJECT: ORCHID SWAMP HOLDINGS LLC

Ref. Number: W23000047035

Corrected

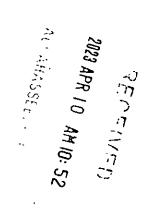
We have received your document for and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 523A00007859



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orchid Swamp Holdings 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: 25 SE 2nd Ave., Ste. 550, Miami FI, 33131 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: Registered Agent Solutions, Inc. Name 155 Office Plaza Dr., Suite A Florida street address (P.O. Box NOT acceptable)

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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Adam Saldana, Asst. Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
•	FinMe, Inc.		
TYTE	25 SE 2nd Ave Ste 550	Miami, FL 33131	
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TICLE V: Effective date, if other than the date of fi an effective date is listed, the date must be specifi		- 1	
date of filing.) te: If the date inserted in this block does not meet document's effective date on the Department of S	the applicable statutory filing		
TICLE VI: Other provisions, if any.			
KLOCINES SMITH IN	uSigned by:		
Signature of a memb This document is executed i	over an authorized represent a accordance with section 60.	5,0203 (1) (b), Florida Statutes.	
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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)

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