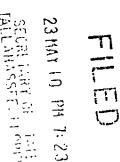


(Requestor's Name)
(Addi-20)
(Address)
(Address)
. ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Settindades of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only









CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Filone. 830-338-1300	
ACCOUNT NO. : I20000	000195
REFERENCE : 731676	7880050
AUTHORIZATION :	Allenan
COST LIMIT : \$ 155.	
ORDER DATE : May 10, 2023	SE VAL
ORDER TIME : 10:46 AM	23 HAT TO SECRE WAS TALL ANASS
ORDER NO. : 731676-005	SSE 6
CUSTOMER NO: 7880050	SFE TO
	
DOMESTIC FILING	••
NAME: BADIA OUTREACH OPPORT OF VEHICLE III LLC	PORTUNITY
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTY ARTICLES OF ORGANIZATION	NERSHIP
PLEASE RETURN THE FOLLOWING AS PROC	OF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	NG
CONTACT PERSON: Eyliena Baker - EX	KT.
EXAM	INER'S INITIALS:

	COA	ER LETTER			
TO: New Filing So Division of Co					
SUBJECT: Badia	Outreach Opportunity V Name of Lim	ehicle III LLC ited Liability Company			
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
Namek	Zubi			_	
		Name of Person			
Badia C	Outreach Opportunity Ve			_	
		Firm/Company			
_4466 Sh	neridan Avenue		7-0	<u>~</u>	
		Address		MA MA	1
Miami Be	each, FL 33140		三 20 20 20 20 20 20 20 20 20 20 20 20 20	23 MAY 10	FILED
		ty/State and Zip Code			[!]
namek@	siliconbadia.com		- <u>- </u>	77.7	C
	E-mail address: (to be used	for future annual report notification	on) = ::	7:23	
For further information of	concerning this matter, please	call:	5.7	ႏြယ်	
Namek Z	ubi at (646) 707-1070			
Na	me of Person Ar	ea Code Daytime Telephone	: Number		
Enclosed is a check for	the following amount:				
	_	\$155.00 Filing Fee &	□\$160.00 Filing Fee		
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	&	

Mailing Address
New Filing Section Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must conatin the words "Limited Liabil	LC ity Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4466 Sheridan Avenue	4466 Sheridan Avenue
Miami Beach, FL 33140	Miami Beach, FL 33140
ARTICLE III - Registered Agent, Registered Office, & Re	gistered Agent's Signature: stered Agent. You must designate an individual or

 Corporation Service Company

 Name
 Name

 1201 Hays Street
 Florida street address (P.O. Box NOT acceptable)

 Tallahassee
 FL
 32301

 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..

Corporation Service Company

(CONTINUED)

gistered Agent's Signature (REQUIRED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager AMBR	Namek Zubi	
	4466 Sheridan Avenue	
	Miami Beach, FL 33140	
		<u>-</u>
(Use attachment if necessary)		
	late of filing: (0	
fective date is listed, the date must be of filing.)	specific and cannot be more than five business d	lays prior to or 90 da $ ot\equiv_{co}\sim$
f the date inserted in this block does n	ot meet the applicable statutory filing requirements	s, this date will not be
iment's effective date on the Departm	ent of State's records.	보건 집
.E VI: Other provisions, if any.		ART TO BELLIA AHASS
REQUIRED SIGNATURE:	A / -	1981 1981 1981
	$N \cap A$	• •

Filing Fees:

Typed or printed name of signee

Namek Zubi

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)