Florida Department of State

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To:

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Fax Number : (850)617-6381

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number: 072262000447 : (561)842-3000

Fax Number : (561)842-3626

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FLORIDA LIMITED LIABILITY CO. SADDLE MANAGEMENT LLC

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ARTICLES OF ORGANIZATION

OF

SADDLE MANAGEMENT LLC

THE UNDERSIGNED, pursuant to the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of this Limited Liability Company is:

SADDLE MANAGEMENT LLC

ARTICLE II - DURATION

The duration of this Limited Liability Company is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY

The mailing address of the business of this Limited Liability Company is 36 Old Woods Road, Saddle River, NJ 07458 and the principal place of business of this Limited Liability Company is 36 Old Woods Road, Saddle River, NJ 07458.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is Adam R. Seligman, Esq.

Prepared by: Adam R. Seligman, Esq.

4420 Beacon Circle

West Palm Beach, Florida 33407

Bar No: 22923 • Phone: 561/842-3000

ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The name and address of the initial manager is as follows:

Bin Yuan

36 Old Woods Road
Saddle River, NJ 07458

DATED this day of June, 2023.

By:

Adam R. Seligman, Authorized Representative
(In accordance with Florida Statutes §605.0205(3) the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are accurate.)

STATE OF FLORIDA

) ss:

COUNTY OF PALM BEACH

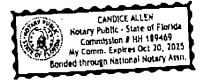
36 Old Woods Road
Saddle River, NJ 07458

By:

(In accordance with Florida Statutes §605.0205(3) the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are accurate.)

I HEREBY CERTIFY that on this day, sworn to and subscribed before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, by physical presence personally appeared Adam R. Seligman, to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that s/he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this day of June, 2023.



Notary Public, State of Florida My Commission Expires:

Prepared by: Adam R. Seligman, Esq.

4420 Beacon Circle

West Palm Beach, Florida 33407

Bar No: 22923 • Phone: 561/842-3000

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

2023 JUN 20 PM 2: 20 SECRETARY OF STAIR TAILLAHASSEE, FL

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ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for SADDLE MANAGEMENT LLC, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: June / / 2023

Adata R. Seligman, Esq. 4420 Beacon Circle

West Palm Beach, Florida 33407