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 Division of Corporations  
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From: Account Name : FL PATEL LAW PLLC  
 Account Number : 120170000097  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Support@flpatellaw.com

**FLORIDA LIMITED LIABILITY CO.  
 5710 Marimin LLC**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**5710 MARIMIN LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: 5710 Marimin LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office of the Company is:

5710 Marimin Drive  
 Bonita Springs, FL 34134

The mailing address of the Company is:

145 N Hunter Forge Rd  
 Newark, DE 19713

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
 360 Central Avenue  
 Suite 800  
 St. Petersburg, FL 33701

*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.*

Vishva S Nandu (sign)  
 FLP RA Services LLC

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Eric Easterby 5710 Marimin Drive Bonita Springs, FL 34134
<u>MGR</u>	Suzanne Boccella 5710 Marimin Drive Bonita Springs, FL 34134

**ARTICLE V.**

The Effective date shall be June 30, 2023.

*Suzanne Boccella* (sign)

**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.

Suzanne Boccella  
Authorized Representative/Member

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