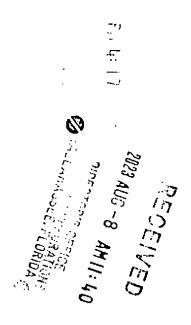
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Special Instructions to	Filing Officer:	





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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 924259 5051651 AUTHORIZATION : COST LIMIT : \$ 125:00 ORDER DATE: August 7, 2023 ORDER TIME : 8:11 AM ORDER NO. : 924259-015 CUSTOMER NO: 5051651 DOMESTIC FILING NAME: OID T2 SCU 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

1201 Hays Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OID T2 SCU I (Mu	LLC st contain the words "Limited Lia	bility Company, '	"L.IC.," or "LLC.")	
ARTICLE II - Address:	and the second of the second o	o of the Limited	Liability Company is:	
_	treet address of the principal offic	e of ale Limited		
<u>P</u>	rincipal Office Address:		Mailing Address:	
	98 S.E. 7th Street, Suite 500		SAME	
98 S.E. 7th Str	בבו, סמונב שטט			
Miami, FL 3 ARTICLE III - Register (The Limited Liability Co	3131 ed Agent, Registered Office, &	Registered Agen	nt's Signature: You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	Registered Agen egistered Agent. Y gent are:	nt's Signature: You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	Registered Agent. Y	nt's Signature: You must designate an individual or	
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ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	Registered Agent. Y egistered Agent. Y gent are: mpany Jame	You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) street address of the registered agency Corporation Service Control 1201 Hays Street	Registered Agent. Y egistered Agent. Y gent are: mpany Jame	You must designate an individual or	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Donald William Gerard Taylor CEO 98 S.E. 7th Street, Suite 500 Miami, FL 33131 Henry Simon Edward Bott PS 98 S.E.7th Street, Suite 500 Miami, FL 33131 Maile Aguila VP 98 S.E. 7th Street, Suite 500 Miami, FL 33131 CFO Andrew Murray Clarke 98 S.E. 7th Street, Suite 500 Miami, FL 33131 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Heather Irving, Authorized Representative

Typed or printed name of signee

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)