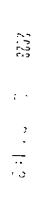
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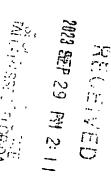
(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
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830 Lake Shore, LLC	- ⁻
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
1	
At 1/2/	Art of lnc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Simplifies	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability C	Company is:			
830 Lake Shore, LLC				
	the words "Limited I	Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the principal o	ffice of th e L	imited Liability Company is:	
<u>Principal (</u>	Office Address:		Mailing Ad	dress:
832 SW 34 Ave Boynton Beach, FL 33435			832 SW 34 Ave Boynton Beach, FL 33435	
ARTICLE III - Registered Agent. (The Limited Liability Company car another business entity with an acti The name and the Florida street add	nnot serve as its own ve Florida registratio	Registered A n.) Lagent are:		individual or
-	2 SOUTH BISCAYN Florida street addres:			
			· ,	
<u>.1</u>	MIAMI City	FL State	33131 Zip	
laving been named as registered age place designated in this certificate, I h further agree to comply with the provi um familiar with and accept the obliga	ereby accept the appo sions of all statutes re	ointment as re elating to the as registered	egistered agent and agree to ac proper and complete performa agent as provided for in Chapi	ct in this capacity. I ince of my duties, and I
	Registered Agent's Signature (REQUIRED)			
		(CONTIN	UED)	

52.97

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR — Manager	Caitlin Goldman 3333 S. Congress Ave, Suite 402 Delray Beach, FL 33445		
			
(Use attachment if necessary)			
(If an effective date is listed, the date must be s the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
	lin Goldman		
Signature of a m This document is executed an aware that any false	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.		
<u>Caitlin Goldma</u>	Typed or printed πame 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)