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Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

िहुँ Email Address:

FLORIDA LIMITED LIABILITY CO. CT Default Group, LLC

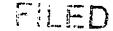
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T. MATTHEWS

NOV -8 2023



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· 2023 NOV -7 PM 4: 17 ARTICLE I - Name:

The name of the Limited Liability Company is:

JURY OF STATE MILLAHASSEE, FL

CT Default Group, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
6409 Congress Avenue	6409 Congress Avenue	
Suite 100	Suite 100	
Boca Raron, FL 33487	Hoca Raton, FL 33487	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You most designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are.

Veorp Agent Service	es, Inc.	
	Name	
1200 South Pine Isla	and Road	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	Zin

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, Thereby 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ΑR	TI	a	Ŀ	ΓV_{-}

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

<u>Title:</u> "AMBR" = Authorities	
"MGR" = Manag <u>AMBR</u>	David Schneid 6409 Congress Avenue, Suite 100 Boca Raton, FL 33487
MGR	Garrett Bender 6409 Congress Avenue, Spite 100 Boca Raton, FL 33487
AMBR	Mitchell Gevinson 6409 Congress Avenue, Suite 100 Boca Raton, FL 33487
AMBR	John Crane 6409 Congress Avenue, Suite 100 Boca Raton, FL 33487
(If an effective date is liste the date of filing.) Note: If the date inserted	te, if other than the date of filing:
No dedelocat	NATIDE.
<u>REOFFRED</u> SIG	Nicole Vasquez
1	Signature of a member or an authorized representative of a member, his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.
	Nicole Vasquez
	Typed or printed name of signee
\$125.00 Filling	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)

. . . .

Brian Weprin – Member 6409 Congress Avenue, Suite 100 Boca Raton FL 33487

Sara Boriskin – Member 6409 Congress Avenue, Suite 100 Boca Raton FL 33487

Jonathan Meisels – Member 6409 Congress Avenue, Suite 100 Boca Raton Ft 33487

Justin Carillo – Member 6409 Congress Avenue, Suite 100 Boca Raton FL 33487

Matthew Maltese – Member 6409 Congress Avenue, Suite 100 Boca Raton FL 33487