L24000032832

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



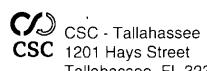
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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 01/18/24 Order #: 1389567-1

Re: 6001 N 50TH LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please-find:---

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| | New Filing Section Division of Corporations | | | |
|-------------|--|---|--|--|
| SUBJEC | 6001 N 50TH LLC | | | |
| 5,01,71,0 | Name of Limited Liability Company | | | |
| The enclo | osed Articles of Organization and fee(s) a | re submitted for filing. | | |
| Please re | turn all correspondence concerning this m | atter to the following: | | |
| | Alex Stahl | | | |
| | | Name of Person | | |
| | c/o Jadian Capital | | | |
| | | | | |
| | 4 Star Point, Suite 204 | | | |
| | | Address | | |
| | Stamford, CT 06902 | | | |
| | | City/State and Zip Code | | |
| | astahl@jadianios.com | 16-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6- | | |
| | iz-mail address: (to be used | I for future annual report notifica | non) | |
| For further | information concerning this matter, pleas | e call: | | |
| | Killian O'Brien 2 at (| 40 672-2324 | | |
| | Name of Person A | rea Code Daytime Telephor | ne Number | |
| Enclosed | is a check for the following amount: | | | |
| □\$125.0 | 00 Filing Fee □\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address New Filing Section | Street Address New Filing Section D | Division | |
| | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230 | assee eet, Suite 810 | |

-ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabilit | y Company is: | | | |
|---|---------------------------|--------------------------|---|--------------|
| 6001 N 50TH LLC | | | | |
| (Must cont | ain the words "Limited | Liability Company. | "L.L.C.," or "L.L.C.") | |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal c | office of the Limited | l Liability Company is: | |
| Princips | al Office Address: | | Mailing Add | iress: |
| 4 Star Point, Suite 20 Stamford, CT 06902 | H | | nar Point, Suite 204 mford, CT 06902 | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | cannot serve as its own | Registered Agent. | | ndividual or |
| The name and the Florida street a | address of the registered | agent are: | | |
| | Corporation Service | | | |
| | | Name | | |
| | 1201 Hays Street | | | |
| | Florida street addres | s (P.O. Box <u>NOT</u> a | icceptable) | |
| | Tallahassee | FI. | 32301 | |
| | City | State | Zip | |

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..

Aluxing Weilard-Sansen, App Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

| Title: | | | |
|--|--|--|-------------------|
| | nthorized Member | | |
| "MGR" = Mar | ıager | | |
| AMBR | | JIOS FUND I HOLDCO, LLC | . . |
| | | 4 Star Point, Ste 204 Stamford, CT 06902 | |
| | | Stamford, CT 06902 | |
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| ffective date is li e of filing.) If the date inserte | sted, the date must be ed in this block does no e date on the Departme | specific and cannot be more than five business days prior or meet the applicable statutory filing requirements, this date | to or 90 days af |
| effective date is line of filing.) If the date inserted the current's effective the content's effecti | sted, the date must be ed in this block does no e date on the Departme | specific and cannot be more than five business days prior or meet the applicable statutory filing requirements, this date | to or 90 days aft |
| effective date is line of filing.) If the date inserted the current's effective the content's effecti | ed in this block does not be date on the Department ovisions, if any, | specific and cannot be more than five business days prior or meet the applicable statutory filing requirements, this date ont of State's records. | to or 90 days aft |
| effective date is line of filing.) If the date inserted the current's effective other process. | ed in this block does not be date on the Department ovisions, if any, | specific and cannot be more than five business days prior or meet the applicable statutory filing requirements, this date | to or 90 days aft |
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