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Tallahassee, FL 32312

| Da | 01/22/2024 Acc#120160000072 | |
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| | Acc#I20160000072 | |
| Name: | Dermazone Real Estate Holdings, LLC | |
| Document #: | | |
| Order #: | 15336285 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | / Company is: | | |
|--|-------------------------|------------------------|--|
| Dermazone Real Esta | | | |
| (Must conta | in the words "Limited | Liability Comp | any, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal | office of the Lin | nited Liability Company is: |
| Principa | l Office Address: | | Mailing Address: |
| 2033 Main Street, Sui | te 501 | | 2033 Main Street, Suite 501 |
| Sarasota, FL 34237 | | | Sarasota, FL 34237 |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ar | cannot serve as its ow | n Registered Ag | Agent's Signature: ent. You must designate an individual or |
| The name and the Florida street a | ddress of the registere | ed agent are: | |
| | C T Corporation Sy | stem | |
| | | Name | |
| | 1200 South Pine Isl | and Road | |
| | Florida street addre | ss (P.O. Box <u>NC</u> | T acceptable) |
| | Plantation | FL | 33324 |
| | 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..

C T Corporation System Theresa Buck, Assistant Secretary

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| 'AMBR" = Authorized Membe | 2r |
|--|---|
| OCCOM - None con- | |
| 'MGR" = Manager | |
| AP | Brent Ballard |
| | 2033 Main Street, Suite 501 |
| | Sarasota, FL 34237 |
| | |
| AP | Stephen Buckley |
| | 2033 Main Street, Suite 501 |
| | Sarasota, FL 34237 |
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