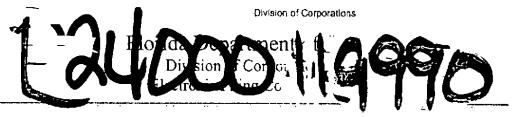
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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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Email Address:_

FLORIDA LIMITED LIABILITY CO. M AND D HATTERAS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

AKTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

M and D Hatterns Holdings, 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: 10813 NW 30th Street, Suite 108 10813 NW 30th Street, Suite 108 Miami, FL 33172 Miami, FL 33172

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

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

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

Dick Curbelo		
	Name	
10813 NW 30th	Street, Suite 108	
Florida street ad	dress (P.O. Box <u>NOT</u> a	cceptable)
Miami	FL	33172
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.

Registered Agon: Signature (REQUIRED)

(CONTINUED)

SECRETALL) OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MÖR	Guillermo M. Mancebo 250 Catalonia Ave, Ste 302 Coral Gables, FL 33134
	
(Use attachment if necessary) L.E. V. Effective data, if other than the d	late of filing: (OPTIONAL)
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)	late of filing:
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does me	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
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LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the provision of the provi	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records. Security of an authorized representative of a member, souted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State

SECRETARY OF STATE