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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON

Account Number : 076376001555 Phone : (803)255-9617 Fax Number : (561)483-7321

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

mnrgshag@aol.com Email Address:\_

## FLORIDA LIMITED LIABILITY CO. **252 ATLANTIC AVENUE LLC**

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ARTICLES OF ORGANIZATION RETARY OF STATE OF TALL SHASSEE, FL

### 252 ATLANTIC AVENUE LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

#### ARTICLE I

The name of this limited liability company shall be 252 ATLANTIC AVENUE LLC.

#### ARTICLE II

The street address of the principal office of the limited liability company shall be c/o Nelson Mullins 251 Royal Palm Way, Suite 215, Palm Beach, FL 33480. The mailing address shall be c/o Nelson Mullins 251 Royal Palm Way, Suite 215, Palm Beach, FL 33480 with the privilege of having its offices and branch offices at other places within or without the State of Florida.

#### ARTICLE III

The initial registered office of this limited liability company is 515 E Park Avenue, Floor 2, Tallahassee, FL 32301. The initial registered agent at that address is Capitol Corporate Services, Inc.

#### ARTICLE IV

The limited liability company shall be Manager Managed. The initial Authorized Manger of the limited liability company is: Nancy Goodes.

#### ARTICLE V

This limited liability company shall commence its existence as of the tiling hereof and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of March 13, 2024.

|                | /s/ Nancy Goodes                       |  |
|----------------|--|--|
|                | Nancy Goodes Authorized Representative |  |
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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST - The name of the limited liability company is:

252 ATLANTIC AVENUE LLC

SECOND - The name and address of the registered agent and office is:

Capitol Corporate Services, Inc. 515 E. Park Avenue, Floor 2
Tallahassee, FL 32301

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.

Dated as of the 14 day of March, 2024

Kim Tadlock, as Asst. Sec on behalf of Capitol Corporate Services. Inc.

Lim Tadlock

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