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NAME: 120 OZ FUND LLC

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	New Filing Sec Division of Co			
	120 OZ Fu	ind LLC		
SUBJEC	1:	Name o	of Limited Liability Company	
The enclo	osed Articles of	Organization and fee	ee(s) are submitted for filing.	
		_	this matter to the following:	
	David R. Ph	illips, Esq.		
			Name of Person	
	Phillips, Hay	vden & Labbee, LLP	5	
			Firm/Company	
	19321 US H	ighway 19 North, Sui	uite 301	
			Address	
	Clearwater,	FL 33764		
			City/State and Zip Code	
	ah@edgewate		and for figure committee and modification)	
		•	be used for future annual report notification)	
For further	information co	ncerning this matter, j	, please call:	
	David R. Phil		727 300-1399 at ()	
	Nam	e of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for t	he following amount:	ti	
■\$125.0	0 Filing Fee	□\$130.00 Filing F Certificate of Statu	Fee & \$\subseteq\$\$155.00 Filing Fee & \$\subseteq\$\$\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	erem le gener re is j
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	, ,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

120 OZ Fund LLC				
	in the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal	office of the Limited	Liability Company is:	
<u>Principa</u>	il Office Address:		Mailing Addr	<u>ess</u> :
2639 North Monroe S	Street, Suite B-101	2639	9 North Monroe Street, St	nite B-101
Tallahassee, FL 3230		Tall	ahassee, FL 32303	
	David R. Phillips, E	Esq. Name		
The name and the Florida street a	_			
	- arra tri t minipo, L			
	19321 US Highway	19 North Suite 301		
		ess (P.O. Box <u>NOT</u> a	cceptable)	
	Clearwater	FI.	33764	
	City	State	Zip	
aving been named as registered a ace designated in this certificate, rther agree to comply with the pro	l hereby accept the app evisions of all statutes ג	pointment as register Lelating to the proper	ed agent and agree to act i	n this capacity. e of my duties, and

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Robert M. Brier MGR 2639 North Monroe Street, Suite B-101 Taliahassee, FL 32303 Ketan B. Vora MGR 2639 North Monroe Street, Suite B-101 Tallahassee, FL 32303 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: March 13, 2024 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statūtės. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. David R. Phillips, Esq. Typed or printed name of signee

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)

ARTICLE IV-