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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 04/08	3/2024			
Name: P	atrice Rush	-		
Reference #:	2327187	_		
Entity Name:	ONE CAPIT	OL PLACE, LLC		
✓ Articles of In	corporation/Authorization	to Transact Business		
Amendment				
☐ Change of A	gent			
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☐ Merger				
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Authorized Amount Signature:	\$125.00 Pull		-8 PH 3: 35 RY OF STATE ASSEE, FL	M.

F: 800.944.6607



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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:04/0	08/2024			
Name:	Patrice Rush			
Reference #:				
Entity Name:	ONE CA	PITOL PLACE, LLC		
✓ Articles of	Incorporation/Authorizat	ion to Transact Business		
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Signature:	(Pattle			

F: 800.944.6607

F: +852.2682.9790

ARTICLES OF ORGANIZATION OF ONE CAPITOL PLACE, LLC

ARTICLE 1: - Name

The name of the Limited Liability Company is One Capitol Place, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

330 Sunny Isles Blvd. 5PH4 Sunny Isles Beach, FL 33160

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Jason Pizzo
330 Sunny Isles Blvd.
5PH4
Sunny Isles Beach, FL 33160

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 complet 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.

Name: Jason Pizzo, as Registered Agent

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

MGR

Jason Pizzo

330 Sunny Isles Blvd.

5PH4

Sunny Isles Beach, FL 33160

* * * * *

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on April 3^{rd} , 2024.

Jason Pizzo, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Jason Pizzo
Typed or printed name of signee

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SECRETARY OF STAT

1,)