Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001662103)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972

Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. SFFLH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SEPLECT LLC

(Must end with 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:

51ailing Address:

1185 Avenue of the Americas, 22nd Fl New York NY 10036 1185 Avenue of the Americas, 22nd Fl New York NY 10036

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;

Registered Agent Solutions, Inc.
Name

2894 Remington Green Ln. Ste. A

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32308
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. Thereby 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..



(CONTINUED)

Page 1 of 2

Fitte: "AMBR" = Anthorized Member	Name and Address:
MGR" = Manager MGR	Lance Harris
	1185 Avenue of the Americas, 22nd Fl
	New York NY 10035
Use attachment if necessary)	

ARTICLE VI: Other provisions, If any,

REQUIRED SIGNATURE:

the document's effective date on the Department of State's records.

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lance Harris
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)

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