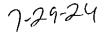


(((H24000253116 3)))





Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 : (904)257-5777

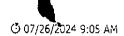
Fax Number : (904)347-2738

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

| Email | Address: | |
|-------|----------|--|
| | | |

FLORIDA LIMITED LIABILITY CO. 380 ISLESBROOK LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |



10(1124000253116.3)1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

380 ISLESBROOK 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: | Muiling Address: |
|---------------------------|---------------------|
| 14 ALBEMARLE AVE | 14 ALBEMARLE AVE |
| LEXINGTON, MA 02420 | LEXINGTON, MA 02420 |
| | |

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:

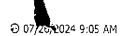
| SODL & INGRAM P | L.I.C | |
|------------------------|-------------------------|------------|
| | Name | |
| 1617 SAN MARCO E | OULEVARD | |
| Florida street address | (P.O. Box <u>NOT</u> ac | cceptable) |
| JACKSONVILLE | FL | 32207 |
| City | State | Zip |

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 Agent's Signature (REQUIRED)
Andrew M. Sodl, as Authorized Representative

(CONTINUED)

ARTICLE IV-



(0H24000253116.3)))

| <u>Title:</u> "AMBR" = Authorized Membe "MGR" = Manager | Name and Address: | |
|---|--|-----------------------|
| MGR = Manager | YINGJIE WEI 14 ALBEMARLE AVE LEXINGTON, MA 02420 | - - |
| MGR | JANE CHEN 14 ALBEMARLE AVE LEXINGTON, MA 02420 Description: | 2021-JUL 26 PM 12: 48 |
| | ייים הייט דור ביים הייט הייט הייט הייט הייט הייט הייט ה | PM 12: 48 |
| (Use attachment if necessary) | | |
| date of filing.) | n the date of filing: | |
| | | |
| REQUIRED SIGNATURE: | Afold | |
| This document 1 am aware that | is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State ird degree felony as provided for in s.817.155, F.S. | |
| <u>Andrew</u> | M. Sodl, as Authorized Representative 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)