Florida Department of State

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(((H24000282192 3)))

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 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone   : (855)498-5500
 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
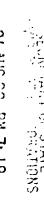
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FLORIDA LIMITED LIABILITY CO.
TW DEVELOPER OPERATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY   H24000282192

ARTICLE I - Name:
The name of the Limited Liability Company is:

TW Developer Operations LLC
<div style="text-align:center">(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")</div>

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
401 East Jackson St., Ste 3300	401 East Jackson St., Ste 3300
Tampa, FL 33602	Tampa, FL 33602

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:

Michael Massel
<div style="text-align:center">Name</div>

401 East Jackson St., Ste 3300
Florida street address (P.O. Box **NOT** acceptable)

Tampa	FL	33602
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..

Docusigned by:

Mike Massel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H24000282192

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: **Name and Address:**
"AMBR" = Authorized Member
"MGR" = Manager

<u>AMBR</u>   <u>Tradewell USA, Inc.</u>
                                                    <u>401 East Jackson St., Ste 3300</u>
                                                    <u>Tampa, FL 33602</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

_____
_____
_____

REQUIRED SIGNATURE:

DocuSigned by:

Mike Massel

—B7D8A0A0A0B6D4F7...
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.

<u>Michael Massel, President of Tradewell USA, Inc., the Sole Member</u>
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)