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Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:	09/23/2024			
Name:	Patrice Rush			
	2503117			
	4037 E	L PRADO LLC		
Article: Amend	s of Incorporation/Authorizationdment ge of Agent tatement ersion		2024 SEP 24 AM 9: 47	
☐ Dissol	ution/Withdrawal			
Other	CERT	TIFICATE OF STATUS		
Authorized Ar	mount: \$130.00			

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:09	/23/2024			
Name:	Patrice Rush			
Reference #:	2503117	<u> </u>		
	4037 E	L PRADO LLC		
	f Incorporation/Authorizatio ent of Agent		ZUZH SER ZHI AND SEH FL	= -
☐ Conversi	on		ं हर्ष	7
☐ Merger				
Dissolution	on/Withdrawal			
Fictitious	Name			
✓ Other	CERT	IFICATE OF STATUS		
Authorized Amo	unt: \$130.00			

COVER LETTER

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01/B 11/2/	4037 El Pra	ido LLC						
SUBJEC"	I:	Name	of Limi	ted Liabil	ity Company			
The enclo	sed Articles of 0	Organization and fe	e(s) are	submitted	for filing.			
		ndence concerning			_			
r reuse ren	arri un correspo	ndence concerning	***************************************	iei io ine i	onowing.			
	Chad M. Poz	nansky						
				Name of	Person			_
	Clark Hill PI	.C					, T	2021
				Firm/Co	mpany		<u> </u>	-SE
	130 E. Rando	olph Street, Suite 39	900					2024 SEP 24 AM 9: 47
				Addr	ess		(0)	- W.
	Chicago, IL 6	50601						9: [
			Cit	y/State an	d Zip Code		177	- 7
	epoznansky@							_
	E	-mail address: (to b	e used f	or future a	innual report notificat	tion)		
For further	information cor	ocerning this matter	, please	call;				
	Filippo Leone	;	312 _at (2	9855549			
	Name	of Person		a Code	Daytime Telephor	ne Number		
Enclosed i	s a check for th	e following amoun	t:					
□\$125.00) Filing Fee	■\$130.00 Filing Certificate of Sta		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status opy	&
	Mailing	2 Address			Street Address			
	New Fi	ling Section			New Filing Section D			
	Divisio P.O. Bo	n of Corporations			The Centre of Tallah 2415 N. Monroe Stre			
		ssee, FL 32314			Tallahassee, FL 3230			

2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: 4037 El Prado 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: 420 Lincoln Road, Suite 258 Miami Beach, Florida 33139 ADTICLE III - Review of Address: 420 Lincoln Road, Suite 258 Miami Beach, Florida 33139

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:

Drew Melville		
	Name	
101 NE 3rd Avenue,	Suite 1500	
Florida street address	s (P.O. Box <u>XOT</u> acc	eptable)
Fort Lauderdale	Florida	33301
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..

Drew Melville (Pr. CS - Date Version and to provide growth and the p

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Me "MGR" = Manager	nber	
MGR	4037 El Prado Manager LLC 420 Lincoln Road, Suite 258 Miami Beach, Florida 33139	
	200	
(Use attachment if necessa	than the date of filing:	
(If an effective date is listed, the dathe of filing.)	must be specific and cannot be more than five business days prior to or 90 day	ys aftej
Note: If the date inserted in this blothe document's effective date on the	ck does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	listed a
ARTICLE VI: Other provisions, if a		_
REQUIRED SIGNATUR	i: Robert Sekula	<u> </u>

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.

Robert Sekula, as manager of NPV Manager Florida LLC, manager of 4037 El Prado Manager LLC

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)