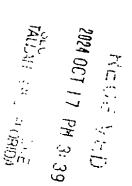


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	(Address)
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	(City/State/Zip/Phone #)
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	(Document Number)
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PECIAL I	NSTRUCTIONS:			

COVER LETTER

	New Filing Section Division of Corpo								
CHD IEC	г.	70	020 C	Georgia Ave	e LI	.c			
SUBJEC	1;	Name of	Lim	ited Liabilit	y C	ompany			
The enclo	sed Articles of O	rganization and fee(s	are	submitted f	for f	äling.			
Please ret	urn all correspond	dence concerning this	s mat	ter to the fo	llov	ving:			2024 (
			1	Maura Ziska	a, E	sq.			Z024 CST 1/7
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For firether		erning this matter, pl			uita	ir report notificati	UII)		
roriumier			casc						
	Maura Ziska, E	sq. at	(.561))	802.8960			
	Name o	of Person	Ar	ea Code	D	aytime Telephone	e Number		
Enclosed	is a check for the	following amount:							
□\$125.0	0 Filing Fee	□\$130.00 Filing Fe Certificate of Status		Certifie	d C	Filing Fee & opy py is enclosed)	Certifi Certifi	0.00 Fili cate of S ed Copy ial copy	Status &
	Mailing			_		et Address			
		ng Section				Filing Section Di Centre of Tallaha			
	Division P.O. Box	of Corporations				S N. Monroe Stree		0	
		see FL 32314				ahassee. FL 3230		. •	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:			
	7020 C	- A		
(Must contain the v		a Avenue LLC	"L.L.C.," or "LLC.")	
(intest containt the v	ords Emilion Di	company,	, b.b.c., or bbc.)	
ARTICLE II - Address: The mailing address and street address of	f the principal off	iaa aftha Limitas	I Liability Commonwie	
The maining address and street address of	tine principal off	ice of the Limited	Liaomity Company is:	82
Principal Office	Address:		Mailing Address:	2024 CCT 7
3130 Washington Road		c/o	Joseph DiSalvo	[3]
West Palm Beach, Florida 33	405		0 N. Jog Road, Suite 150	
			st Palm Beach, Florida 33411	
The name and the Florida street address of	Maura	Ziska, Esq. Name	500	
Flori		Avenue, Suite 15 (P.O. Box NOT a		
West	Palm Beach	Florida	33401	
	City	State	Zip	
Having been named as registered agent and place designated in this certificate, I hereby further agree to comply with the provisions arm familiar with and accept the obligations	e accept the appoi of all statutes rela s of my position as	ntment as register ating to the prope s registered agent	red agent and agree to act in this r and complete performance of t	s capacity. I my duties, and I

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Sean Heyniger 3130 Washington Road
	West Palm Beach, Florida 33405
	· 2
	
V: Effective date, if other than the date tive date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 96
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dat ctive date is listed, the date must be sp f filing.) he date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date tive date is listed, the date must be specifiling.) the date inserted in this block does not the determinent's effective date on the Department CVI: Other provisions, if any	meet the applicable statutory filing requirements, this date will not to of State's records. Docusigned by: Soan Hogniger 10/17/2024
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V: Effective date, if other than the date tive date is listed, the date must be spanied in this block does not ent's effective date on the Department VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a man This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not to of State's records. Docusigned by: Sean Heyniger 28FC322054C848F.
CV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) the date inserted in this block does not dent's effective date on the Department. CVI: Other provisions, if any. Signature of a mathematical This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. Docusioned by: Sean Heyniger 10/17/2024

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)