From: M. BURR KEIM CO Fax: 121597797 6 4 0 0 57: (810) 57:5381 0 0 age: 1213 2106/2020:40 AM

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000402303 3)))



H2400040230334BCS

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 : M

: M. BURR KEIM COMPANY

Account Number : I19990000242

: (215)563-8113

Phone Fax Number

: (215)977-9386

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. TRAKIT Holdings 2025, LLC

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

To:

Page: 2 of 3

(((H24000402303 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mited Liability Company is:				
· 	TRAKI	T Holdings 2025, L	LC	_	
	(Must contain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Ad	dress:				
The mailing addres	s and street address of the principal of	ffice of the Limited	Liability Company is:		
,	Principal Office Address:		Mailing Address:		
2150 Sc	outh Ocean Boulevard		avid Drive	_	
Unit 7J		New	Newtown, PA 18940		
77 1					
[Jeiray i	Beach, FL 33483			_	
ARTICLE III - Re (The Limited Liabi	Beach, FL 33483 egistered Agent, Registered Office, of lity Company cannot serve as its own neity with an active Florida registration	Registered Agent.	nt's Signature: You must designate an individual on DEC	SECRE FALLAH	
ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Office, o	Registered Agent. 'n.)	You must designate an individual on 2025	SECRETAR SECRETAR FALLAHASS	
ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Office, of lity Company cannot serve as its own noticy with an active Florida registration Florida street address of the registered	Registered Agent. 'n.)	You must designate an individual on 2024 DEC -6	SECRETARY C SECRETARY C FALLAHASSEE	
ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Office, of lity Company cannot serve as its own noticy with an active Florida registration Florida street address of the registered	Registered Agent. 'n.) agent are:	You must designate an individual on 2024 DEC -6 PA	FILED SECRETARY OF S FALLAHASSEE, FL	
ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Office, of lity Company cannot serve as its own ntity with an active Florida registration Florida street address of the registered	Registered Agent. 'n.) agent are: Amanda Martin	You must designate an individual on 2024 DEC -6 PA	FILED ARY OF ASSEE.	
ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Office, of lity Company cannot serve as its own ntity with an active Florida registration Florida street address of the registered	Registered Agent. n.) agent are: Amanda Martin Name th Occan Boulevar	You must designate an individual on PM 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4:	FILED ARY OF ASSEE.	
ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Office, of lity Company cannot serve as its own notity with an active Florida registration Florida street address of the registered	Registered Agent. n.) agent are: Amanda Martin Name th Occan Boulevar	You must designate an individual on PM 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4:	FILED ARY OF ASSEE.	

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! 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)

(CONTINUED)

To:

(((H24000402303 3)))

	12.1	re/	71		11. 7	
Αı	KI	11		r.	ı۷.	,

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Amanda Martin 2150 South Ocean Boulevard, Unit 7J Delray Beach, FL 33483 DELCARETA
· ————————————————————————————————————	JEC-6 PH L: U
(Use attachment if necessary)	
If an effective date is listed, the date must be some date of filing.)	te of filing (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	20.
This document is executed any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
 	Amanda Martin, Organizer Typed or printed name of signce
	THE TO SERVICE THE TOTAL PROPERTY OF THE TOT

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)