Division of Corporations

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Division of Corporations

fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Lmail	Address:			
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FLORIDA LIMITED LIABILITY CO.

IRE Dixie Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Docusign Envelope ID: 075A9269-F6CD-446B-8B3D-918265A17730

ARTICLES OF ORGANIZATION FOR FLORID	A LIMITED LIABILITY COMPANY
ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
IRE Dixie Holdings, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC,")
ARTICLE II.	
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Linkility Common in
The figuring address and street address of the principal office of	the Elimied Liability Company is:
Principal Office Address:	Mailing Address:
110 SE 2nd Street, Suite 101	110 SE 2nd Street, Suite 101
Delray Beach, FL 33434	Delray Beach, FL 33434
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: red Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	re:
Alexander P. Redfearn	
Name	· · · · · · · · · · · · · · · · · · ·
110 SE 2nd Street, Suite 101	
Florida street address (P.O. I	Box NOT acceptable)

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..

FL

State

33434

Zip

Delray Beach

City

Alexander P. Redfram
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Docusign Envelope ID: 075A9269-F6CD-446B-8B3D-918265A17730

ARTICLE IV-

Title:		Name and Address:
	Authorized Member	
"MGR" = M	anager	
MGR		Alexander P. Redfearn
		110 SE 2nd Street, Suite 101
		Delray Beach, FL 33434
	··· -··· ··· -	
	nent if necessary)	
EV: Effective date is	ve date, if other than th	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day
LEV: Effective date is of filing.) If the date inse	we date, if other than the listed, the date must rted in this block does	the date of filing:
EV: Effective date is of filing.) If the date insement's effect.	we date, if other than the listed, the date must rted in this block does live date on the Depart provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be latenest of State's records.
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E V: Effective date is of filing.) the date insement's effect	ve date, if other than the listed, the date must red in this block does live date on the Depart provisions, if any. SIGNATURE:	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. Lipself, Lipself, Lipself, All pander f. Kelfran. — *** *** *** *** *** ** *** *
E V: Effective date is of filing.) the date insement's effect	ve date, if other than the listed, the date must red in this block does live date on the Depart provisions, if any. Signature of This document is e	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. Lips ander f. Referent amounts of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date is of filing.) the date insement's effect	ve date, if other than the listed, the date must red in this block does give date on the Depart provisions, if any. Signature of This document is earn aware that any	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. Lipself, Lipself, Lipself, All pander f. Kelfran. — *** *** *** *** *** ** *** *
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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)