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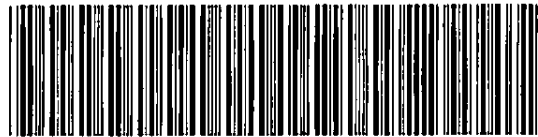
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1. 1724 DEVELOPMENT, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

1724 DEVELOPMENT, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**9000 SHERIDAN STREET STE 138
PEMBROKE PINES, FL 33028**

Mailing Address:

**PO BOX 268471
WESTON, FL 33326**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RCG REGISTERED AGENTS, LLC.
9000 SHERIDAN STREET SUITE 138
PEMBROKE PINES, FL 33024**

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.

/s/ DEBORAH GONZALEZ

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

**PABLO J. HANSSEN
9000 SHERIDAN STREET STE 138
PEMBROKE PINES, FL 33024**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is June 6, 2025.

REQUIRED SIGNATURE:

/S/ Pablo J. Hanssen

(Digital Signature)

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.

/S/ PABLO J. HANSSEN

Typed or printed name of signee