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| | To: | | |
|----------|--|---|-----|
| | Division of Cor | porations | |
| | Fax Number | : (850)617-6381 | |
| | From: | | |
| | Account Name | : BLUMBERG/EXCELSIOR CORPORATE SERVICES, IN | NC. |
| | Account Number | : 075350000353 | |
| | Phone | : (800)221-2972 | |
| | Fax Number | : (917)243-5843 | |
| | | s for this business entity to be used for for | |
| 7: 11 | | s for this business entity to be used for fongs. Enter only one email address please.** | |
| | | | |
| :2: | annual report maili | | |
| :2:111 | annual report maili Email Address: | ngs. Enter only one email address please.** | - |
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| :Z III 0 | annual report maili Email Address: | OFIT/NON PROFIT CORPORATION | - |
| :2:111 | annual report maili Email Address: FLORIDA PRO | ngs. Enter only one email address please.** | |

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I The name of the | NAME e corporation shall be: Ernc 1 | Realty Inc | |
|---------------------------|---|-----------------|---|
| | PRINCIPAL OFFICE Principal street address | | address, if different is: |
| 415 JULI | A STREET | | |
| | ST, FLORIDA 33040 | | |
| ARTICLE III | | | |
| The purpose fo | or which the corporation is organized is | real estate | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV | | | |
| The number of | shares of stock is: 200 | | |
| ARTICLE Y | INITIAL OFFICERS AND/OR DIR | ECTORS | |
| | and Title: JOSEPH DONAGHER, D | | |
| Addre | ess 415 JULIA STREET | Address: | |
| | KEY WEST, FLORIDA 3 | | EC. 22 |
| | KET WEST, LEOKIDA'S | | ARE THE TOTAL AREA AREA AREA AREA AREA AREA AREA AR |
| | | | SEX O |
| Name : | and Title: | Name and Title: | |
| Addre | ess | | RA - |
| | | | DE 22 |
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| | | | |
| Name | and Title: | Name and Title: | |
| Addre | ess | Address: | |
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| Name and Title: | | Name and Title: | | |
|------------------------------|---|---|--|--|
| Address | | Address: | | |
| | | | | |
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| | | | · | |
| | | | | |
| ARTICLE VI I | <u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) | of the registered agent is: | | |
| Name: | JOSEPH DONAGHER | <u>., </u> | | |
| Address: | 415 JULIA STREET | _ | | |
| | KEY WEST, FLORIDA 33040 | _ | | |
| ARTICLE VII | INCOR <u>PORATOR</u> | | | |
| | idress of the Incorporator is: | • | | |
| Name: | STEPHAN MONEREAU | | ال ان الم | |
| Address: | 100 WALL STREET STE 503 | <u></u> | 1886 | |
| | NEW YORK, NEW YORK 10005 | | FIL 2022 FEB 10 SEURE JARY ALLAHASSEE | |
| | | | | |
| | EFFECTIVE DATE: Other than the date of filing: | . (OPTIONAL) | — · · · · · · · · · · · · · · · · · · · | |
| (If an effective of filing.) | other than the date of filing: | anot be more than five days prior | or 90 to after the 2 | |
| Note: If the date | inserted in this block does not meet the applica | ble statutory filing requirements, th | _ | |
| the document's | effective date on the Department of State's recor | ds. | | |
| Having been nan | ned as registered agent to accept service of proce | ss for the above stated corporation a | the place designated in this | |
| certificate, I am | fumiliar with and accept the appointment as regi | stered agent and agree to act in this | сарасну | |
| | Lozeph Daning | _ | 02/09/2022 | |
| | Required Signature/Registered Agent | | Date | |
| I submit this do | cument and affirm that the facts stated herein | are true. I am aware that the false | information submitted in a | |
| document to the | Department of State constitutes a third degree fe | lony as provided for in s.817.155, F. | 2. | |
| | | | 02/09/2022 | |
| Required Signat | ure/Incorporator | Date | | |