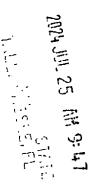
L24000326097

Office Use Only



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2024 JUL 25 PM 3: 11

RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 07/25/24 Order #: 1575755-1

Re: Azala Broward, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited	Liability Company is:			
Azala Browa	ard, LLC			
(M	ust contain the words "Limited	Liability Compai	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address	•			
	street address of the principal	office of the Limi	ed Liability Company is:	
·				
	Principal Office Address:		Mailing Address:	
c/o Azala LI.			ame as principal office address	
	lighway, 3rd Floor/Suite 23			
Miami, FL 3	3133		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registe	ered Agent, Registered Office	& Registered A	gent's Signature	20
			it. You must designate an individuá	il or 😕
	with an active Florida registrati		Ç	
				2
The name and the Florid	a street address of the registere	ed agent are:		on on
	Corporation Service	e Company		2024 JUL 25 MM 9: 47
		Name		
	100111 0.			73 4
	1201 Hays Street	(D.O. Dow NO)	Consequently	ורו
	Florida street addre	ss (r.O. dox <u>NO</u>	[ассертавте)	
	Tallahassee, FL 323	01		
	City	State	Zip	
			the above stated limited liability cor tered agent and agree to act in this c	
			per and complete performance of my	
			nt as provided for in Chapter 605, F	
	Sha	ina Car	1halt	
	Onua	ına Joa	<i>xu</i>	
			nature (REQUIRED)	
	Kegis	werea vigent a sig	mano (NEQUINED)	

(CONTINUED)

ARTICLE IV-

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	Paula Brezavscek	<u> </u>	_	
	3635 S Douglas Road Coconut Grove, FL 33133	<u> </u>	-	
				
			_	
		<u> </u>	_	
			_	
			-	
			-	
			- -2	
			P24	
(Use attachment if necessary)		,		H]
•		•	[²⁰]	('주무)
ARTICLE V: Effective date, if other than the da	te of filing:	(OPTIONAL)	25 5	===
If an effective date is listed, the date must be s	specific and cannot be more than five bus	iness days prior to or 9	o days after) l
he date of filing.) Note: If the date inserted in this block does not	t meet the applicable statutory filing requir	ements, this date will no	ot be listed as	
the document's effective date on the Departmen	nt of State's records.	골목	J.	
ARTICLE VI: Other provisions, if any.		F)		
				
REQUIRED SIGNATURE:				
D C) 12 li			
<u>tank</u>	member or an authorized representative	of a member	-	
This document is exec I am aware that any fa	cuted in accordance with section 605.0203. Ise information submitted in a document to ree felony as provided for in s.817.155, F.S.	(1) (b), Florida Statutes the Department of Stat	s. e	
Paula Brezavso	Typed or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

FIN-59481

\$ 5.00 Certificate of Status (Optional)