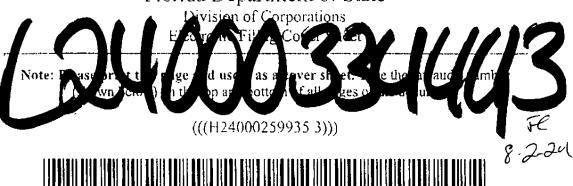
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Division of Corporations

Florida Department of State



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Account Number : 120210000179 Phone : (305)501-2836 Fax Number : (305)723-0303

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FLORIDA LIMITED LIABILITY CO. 121 MILLENIA LLC

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ARTICLES OF ORGANIZATION OF 121 MILLENIA LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies

that:

ARTICLE 1-Name:

The name of the Limited Liability Company is:

121 MILLENIA LLC

ARTICLE II - Address:

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

121 Alhambra Plaza, Suite 1500 Coral Gables, FL 33134

ARTICLE III-Registered Agent and Registered Office

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

ALEJANDRO E. JORDAN, JD. P.A. 121 Alhambra Plaza, Suite 1500 Coral Gables, Fl. 33134

ARTICLE IV - Managers

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

Title Name and Address

Manager MARTHA GABRIELA ALVAREZ ORDONEZ

121 Alhambra Plaza, Suite 1500

Coral Gables, FL 33134

Manager LORENA ISABEL ALVAREZ ORDONEZ

121 Alhambra Plaza, Suite 1500

Coral Gables, FL 33134

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 1st day of August, 2024.

Page 1 of 2

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Brilla ti

Name: MARTHA GABRIELA ALVAREZ ORDONEZ

Title: Manager

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

- 11/0

Name: MARTHA GABRIELA ALVAREZ ORDONEZ

Title: Manager

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Signature of Registered Agent

By: Alejandro E. Jordan, JD, P.A.

Title: Registered Agent