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Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588 S CHATHAM
FEB 14 2025

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

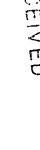
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FLORIDA LIMITED LIABILITY CO. 3BC Capital LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	C
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
 II - Address: g address and street address of the principal office of Principal Office Address:	, , ,
9111 Collins Avenue, Apt. N522, Surfside, FL 33154	Mailing Address: 9111 Collins Avenue, Apt. N522, Surfside, FL 3315

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

another business entity with an active Florida registration.)

Be	enjamin C Mark	
	Name	
9111 Collins Aven	ue, Apt. N522	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Surfside, FL 3315	4	
City	State	Zip

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/BENJAMIN C MARK

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Benjamin C Mark 9111 Collins Avenue, Apt. N522, Surfaide, FL 33154 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/BENJAMIN C MARK 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. Benjamin C Mark Typed or printed name of signce

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)