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Thank you!

COVER LETTER

| | New Filing Section Division of Corporations | | | | |
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| CHO ITA | Wai Princesse Holdings, LLC | | | | |
| SUBJEC | Name of | Limited Liabilit | y Company | | |
| The enclo | osed Articles of Organization and fee(s | s) are submitted | for filing. | | |
| Please re | turn all correspondence concerning thi | s matter to the fo | ollowing: | | |
| | Michelle Dadisman | | | | |
| | | Name of | Person | _ | 2025 F T |
| | Tavistock Holdings, Inc. | | | | |
| | | Firm/Cor | mpany | | , 50 , 50 |
| | 9350 Conroy Windermere Road | | | | od, |
| | | Addre | rss | | · |
| | Windermere, FL 34786 | | | | , , **. 4 |
| | | City/State and | l Zip Code | | |
| | corporateadmin@tavistock.com E-mail address: (to be a | used for future a | nnual report notification | on) | |
| or further | information concerning this matter, p | | | | |
| | Michelle Dadisman | 407 t (| 909-9957 | | |
| | Name of Person | Area Code | Daytime Telephone | | |
| Enclosed | is a check for the following amount: | | | | |
| □\$125.8 | 00 Filing Fee ☐\$130.00 Filing Fe Certificate of Status | s Certific | i.00 Filing Fee & ed Copy Il copy is enclosed) | ■\$160.00 F Certificate of Certified Co (additional co | of Status & |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230 | issee et, Suite 810 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Wai Princesse Holdin | | | | |
|---|--|--|---|--------------|
| (Must cont | ain the words "Limited | Liability Company | /, "L.L.C.," or "LLC.") | |
| RTICLE II - Address: | | | | |
| he mailing address and street ac | ddress of the principal o | ffice of the Limite | d Liability Company is: | |
| Principa | al Office Address: | | Mailing Address: | |
| 9350 Conroy Winder | rmere Road | 93 | 50 Conroy Windermere Road | |
| Windermere, FL 347 | 86 | | 1.1 | |
| ARTICLE III - Registered Ago The Limited Liability Company | ent, Registered Office, | & Registered Ag | ent's Signature: . You must designate an individual or | - |
| ARTICLE III - Registered Ago The Limited Liability Company nother business entity with an a | ent, Registered Office, cannot serve as its own active Florida registration | & Registered Ag Registered Agent on.) | ent's Signature: | |
| ARTICLE III - Registered Ago The Limited Liability Company | ent, Registered Office, cannot serve as its own active Florida registration | & Registered Ag Registered Agent on.) | ent's Signature: | • |
| ARTICLE III - Registered Ago The Limited Liability Company nother business entity with an a | ent, Registered Office, cannot serve as its own active Florida registration | & Registered Ag Registered Agent on.) I agent are: | ent's Signature: | • |
| ARTICLE III - Registered Ago The Limited Liability Company nother business entity with an a | ent, Registered Office, cannot serve as its own active Florida registration address of the registered | & Registered Ag Registered Agent on.) | ent's Signature: . You must designate an individual or | |
| ARTICLE III - Registered Ago The Limited Liability Company nother business entity with an a | ent, Registered Office, cannot serve as its own active Florida registration address of the registered | & Registered Ag Registered Agent on.) d agent are: tem Name | ent's Signature: . You must designate an individual or | |
| ARTICLE III - Registered Ago The Limited Liability Company nother business entity with an a | ent, Registered Office, cannot serve as its own active Florida registration address of the registered CT Corporation Sys | & Registered Ag Registered Agent on.) I agent are: tem Name | ent's Signature: . You must designate an individual or | |
| ARTICLE III - Registered Ago The Limited Liability Company nother business entity with an a | ent, Registered Office, cannot serve as its own active Florida registration address of the registered CT Corporation Sys | & Registered Ag Registered Agent on.) I agent are: tem Name | ent's Signature: . You must designate an individual or | |

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..

Stephane Honay
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMDD" = Authorized Member | | | |
|--|---|--|------------------------|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | | | |
| MGR | Nicholas F. Beucher III 9350 Conroy Windermere Road | <u> </u> | |
| | Windermere, FL 34786 | | |
| | | | |
| MCD | Benjamin A. Weaver | | |
| MGR | 9350 Conroy Windermere Road | | |
| | Windermere, FL 34786 | | |
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| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: | meet the applicable statutory filing records. | business days prior to | or 90-da ill not be |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many that any false. | pecific and cannot be more than five leads the applicable statutory filing records. | tive of a member. 203 (1) (b), Florida State to the Department of | or 90 da |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed am aware that any false. | meet the applicable statutory filing rect to f State's records. nember or an authorized representatuted in accordance with section 605.02 se information submitted in a document ee felony as provided for in s.817.155. | tive of a member. 203 (1) (b), Florida State to the Department of | or 90 da |

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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)