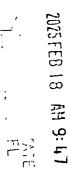
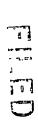


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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>I20210000160</u>; \$125.00 <u>Authorization Signature</u> Cat Cay Partners Management LLC Business Name #Document Will wait Walk in Certified Copy Certificate of Status **AMENDMENTS NEW FILINGS** _ __ Amendment Profit ____Resignation of R.A. Not for Profit Change of Registered Agent _X__LLC ö Revocation of Dissolution . . Domestication Conversion INC Statement of Authority **CORP OTHER** Merger REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS OTHER FILINGS Foreign Filing TRANSMITTAL LETTER Partnership Reinstatement Fictitious Name Statement of CORRECTION _ Statement of Authority Domestication of a Foreign Corp. __ APOSTIL _ COUNTRY Other

EXAMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>| 120210000160: \$125.00</u> **Authorization Signature_** Cat Cay Partners Management LLC #Document Business Name Will wait Walk in Certified Copy Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** _ _ Amendment Profit ____Resignation of R.A. Not for Profit Change of Registered Agent X LLC Revocation of Dissolution Domestication ÷ Conversion INC ___Statement of Authority **CORP OTHER** Merger REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS **OTHER FILINGS** TRANSMITTAL LETTER Foreign Filing Partnership Reinstatement Fictitious Name Statement of CORRECTION _ Statement of Authority Domestication of a Foreign Corp. APOSTIL **COUNTRY** Other

EXAMINER'S INITIALS:_____

COVER LETTER

	New Filing Sec Division of Cor							
CHIDIEC		PARTNERS MANA	AGEMI	ENT LLC				
SUBJEC	l •							
The enclo	sed Articles of	Organization and fe	e(s) are	submitted	for filing.			
Please ret	um all correspo	ondence concerning t	his mat	ter to the f	ollowing:			
	Jonathan Ew	ing, Esq.						
			· · · · · ·	Name of	Person			
	Aero Law Co	enter						~
				Firm/Co	трапу		: .	
	1100 Lee Wa	agener Blvd Ste 211						6
				Addr	ess	<u>-</u>		
	Fort Laudero	dale, FL 33315					- [1]	199
			Ci	ty/State an	d Zip Code		771	-1
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For further	information co	ncerning this matter.	pieasc	can.				
	Colette Jeann	neau	954 _at (1	666-7817)			
	Nam	e of Person	Ar	ea Code	Daytime Telephon	e Number		
Enclosed	is a check for t	he following amount	:					
≣\$125.0	0 Filing Fee	□\$130.00 Filing Certificate of Stat		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.0 Certifica Certified (additional	te of Sta Copy	atus &
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	iss ee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
CAT CAY PARTNE	RS MANAGEMENT LLC				_	
(Must conta	ain the words "Limited Liab	ility Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	idress of the principal office	of the L	imited Liability Company is:			
<u>Principa</u>	al Office Address:		Mailing Addres	<u>s</u> :		
11000 SE 83rd Ave, Miami, FL 33156		_	11000 SE 83rd Aye, Miami, FL 33156		_	
		_			-	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Reg active Florida registration.)	istered A	d Agent's Signature: gent. You must designate an indiv		2025 FEB 18	
The name and the Florida street a	_				8	
	JONATHAN A. EWING Na	<u>, ESQ.</u> me			8	1
	1100 LEE WAGENER B		E 211		4:5 Lit	[]
	Florida street address (P.			ر در کاچ	î :5	
	FORT LAUDERDALE	FL	33315	ርተነ	7	
	City	State	Zip			
Having been named as registered of place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appoints ovisions of all statutes relations of my position as re	nent as reng to the pegistered - Outstanding - Ou	gistered agent and agree to act in proper and complete performance agent as provided for in Chapter 6 Ewing	this capacity of my duties,	7. /	
	Registered	Agent's	Signature (REQUIRED)			

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	Carlos Saladrigas
	11000 SW 83rd Ave. Miami. FL 33156
MGR	Michael E. Moran
	8845 School House Rd, Coral Gables, FL 33156
MGR	Dougan Hughes Clarke 630 Marquesa Dr., Coral Gables, FL 33156
	630 Marduesa Dr., Corai Gables, 117.30150
MGR	Alvaro Guerrero-Ferber
	3841 Kent Ct., Miami, FL, 33133
(Use attachment if necessary)	2625 FEB
•	
ARTICLE V: Effective date, if other than the da	te of filing: <u>2/18/2025</u> (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days after
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	t of State's records.
the decantent's effective date on the Departmen	
ARTICLE VI: Other provisions, if any.	
DECLINED CLON ATURE	Signed by:
REOUIRED SIGNATURE:	Carlos Saladrigas
<u></u>	388FFB7BE850405 .
Signature of a n	nember or an authorized representative of a member.
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
t am aware that any fat constitutes a third dear	ee felony as provided for in s.817.155, F.S.
constructs a time degi	es teteril as brottess to missistinast the

Carlos Saladrigas, Manager
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)

\$ 5.00 Certificate of Status (Optional)