

L14000113580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

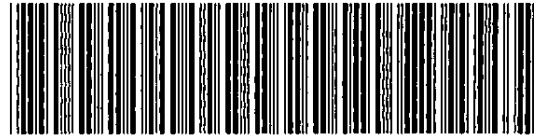
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500262007045

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CORPORATIONS  
2014 JUL 17 PM 4:12  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
14 JUL 17 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 18 2014

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 220192 4311639

AUTHORIZATION :

COST LIMIT : \$155.00

*[Handwritten signature]*

ORDER DATE : July 17, 2014

ORDER TIME : 3:25 PM

ORDER NO. : 220192-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: ATRIUM OPERATORS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
ATRIUM OPERATORS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Atrium Operators, LLC

**ARTICLE II  
Address**

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

**Principal Office Address:**

Attention: Lara L. DeCara  
199 Fremont Street, 21<sup>st</sup> Floor  
San Francisco, CA 94105

**Mailing Address:**

Attention: Lara L. DeCara  
199 Fremont Street, 21<sup>st</sup> Floor  
San Francisco, CA 94105

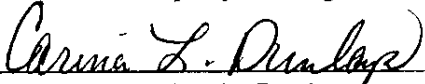
**ARTICLE III  
Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

*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..*

**Corporation Service Company, as Registered Agent**

  
By: Carina L. Dunlap  
Title: Asst. Vice President

**FILED  
14 JUL 17 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLE IV  
Management**

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

**Title:**

"AMBR" = Authorized Member

**Name and Address**

**AMBR**

Etienne Fontan  
1700 Shattuck Avenue, #206  
Berkeley, California 94709

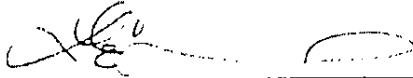
**AMBR**

Timothy D. Schick  
945 Taraval Street, #304  
San Francisco, California 94116

*[Signature page follows]*

**FILED**  
14 JUL 17 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on July 17, 2014



\_\_\_\_\_  
Lara L. DeCaro, authorized representative of a member

(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 s.817.155, F.S.)

\_\_\_\_\_  
Lara L. DeCaro  
Typed or printed name of signee

FILED  
14 JUL 17 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA