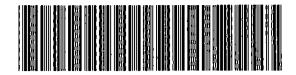
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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NOT INTENDED TO ACKNOWLEDGE FILING

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## CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

| TANGLEWOOD ASSOC        | CIATION GROUP, LLC        |               |
|-------------------------|---------------------------|---------------|
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|                         |                           |               |
| () Nonprofit            | () Amendment              | () Merger     |
| ()Domestic Corporation  |                           |               |
|                         | () Dissolution/Withdrawal | () Mark       |
| () Limited Partnership  | () Reinstatement          |               |
| (X) LLC                 | () Annual Report          | () Other      |
| Formation               |                           |               |
|                         | () Name Registration      | <del></del>   |
| () Certified Copy       | () Fictitious Name        |               |
|                         | () Photocopies            | () CUS        |
| (w) Walle In            | () Photocopies            | () After 4:30 |
| (x) Walk In () Mail Out | () Will Wait              | (x) Pick Up   |
| () Wan Out              | - () Will Wall            | (x) Flex Op   |
| Name                    |                           |               |
| Availability            | 1/28/2015                 | Order#:       |
| Document                |                           | 9240739       |
| Examiner                | KM                        |               |
| Updater                 |                           | Ref#:         |
| Verifier                |                           |               |
| W.P. Verifier           |                           | Amount: \$    |
|                         |                           | Amount: \$    |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
|  | ASSOCIATION GROUP, LLC nited Liability Company  | <del></del>  |
| The enclosed Articles of Organization and fee(s) of Please return all correspondence concerning this m | -   |  |
| Joshua L. Dubin  | Name of Person  |  |
| Joshua L. Dubin, P.A.  | Firm/Company  |  |
| 17701 Biscayne Blvd., Suite 20   | Address   |  |
| Aventura, FL 33160   | ity/State and Zip Code  |  |
| idubin@dubinpa.com E-mail address: (to be used For further information concerning this matter, plea    | d for future annual report notifica   | tion)  |
| Vivian Miller at ( 3   |   | ephone Number  |
| Enclosed is a check for the following amount:  | _   | _  |
| ☐ \$125.00 Filing Fee  | OS155.00 Filing Fee & Certified Copy (additional copy is enclosed)                      | Certificate of Status & Certificate Copy (additional copy is enclosed) |
| Malling Address Registration Section Division of Corporations P.O. Box 6327                            | Street/Courier Adda<br>Registration Section<br>Division of Corporat<br>Clifton Building | ions   |

2661 Executive Center Talishassec, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| TANGLEWOOD ASSOCIA   | ATION GROUP, LLC Jiability Company, "L.L.C.," or "LLC.")  |
| ARTICLE 11 - Address: The mailing address and street address of the principal offi   |   |
| Principal Office Address:  | Mailing Address:  |
| 17701 Biscayne Bivd., Suite 201<br>Aventura, FL 33160  | 17701 Biscayne Blvd., Suite 201 Aventure, FL 33160  |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent Loubin  Name  17701 Biscayne Bivd., Suite 20 Florida street address (P.O. Box N | egistered Agent. You must designate an individual or SEC 28 FL 28 |
| Aventura   | FL 33160 9  |
| the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and geospt the oblig   | Zip ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this iall statutes relating to the proper and complete performance tations of my position as registered agent as provided for in 605, FS  |

(CONTINUED)
Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:  |                                |
|--|--|--------------------------------|
| MGR  | Tanglewood Management, I.I.C<br>17701 Biscayne Bivd., Suite 201<br>Aventure, FL 33160  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
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| •  |  |                                |
| EV: Effective date, if other than the date of ective date is listed, the date must be speci  | filing:, (OPTIONAL) Ific and cannot be more than five business days prior to or 90 day   | ys after                       |
| (Use attachment if necessary)  E. V.: Effective date, if other than the date of cetive date is listed, the date must be specifizing.)  E. VI: Other provisions, if any.  | ffiling:, (OPTIONAL) Ific and cannot be more than five business days prior to or 90 day  | ys after                       |
| E V: Effective date, if other than the date of etive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.   | filing: (OPTIONAL) Ific and cannot be more than five business days prior to or 90 day  | ys after<br>—<br>—             |
| EV: Effective date, if other than the date of cetive date is listed, the date must be specifilling.)   | filing: (OPTIONAL) Ific and cannot be more than five business days prior to or 90 day  |                                |
| EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a plemi (in accordance with section 605.0 constitutes an affirmation under to I am sware that any false informs   | filing:  | SLORE TALL ALLASSES            |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a plemi (in accordance with section 605.0 constitutes an affirmation under to I am aware that any false information constitutes a third degree felony as | ber or an authorized representative of a member.  2203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. Ition submitted in a document to the Department of State | SICRETAIN OF STALLAHASSEE, FLO |

Page 2 of 2