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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000034
Phone : (407)835-6769
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO.
NSD PALM BAY MANAGER, LLC

Certificate of Status	0
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M SIMMONS
APR 29 2019

FILED
19 APR 26 PM 4:19
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 APR 29 PM 12:18

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

NSD PALM BAY MANAGER, LLC

ARTICLE II - Address

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

6996 Piazza Grande Avenue
Suite 309
Orlando, FL 32835

ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Northshore Development of Florida, LLC.

**ARTICLE IV - Registered Agent and Office and
Registered Agent's Signature**

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

Carol M. Chang
6996 Piazza Grande Avenue
Suite 309
Orlando, FL 32835

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ALLIANCE SEEN, FLORIDA

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, Florida Statutes.

Carol M. Chang

(Registered Agent's Signature)

Carol M. Chang

Franz S. Hanning

Signature of a member or an authorized representative of a member.

Franz S. Hanning, as Authorized Representative

(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, Florida Statutes)

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