

11/5/2019

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)817-6381

From:  
Account Name : GREENE HAMRICK QUINLAN & SCHERMER, P.A.  
Account Number : 119980000030  
Phone : (841)747-1871  
Fax Number : (841)745-2866

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

Email Address: khorvath@manateelegal.com

FLORIDA LIMITED LIABILITY CO.  
220 Cooldge LLC

Certificate of Status	1
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Thank you,  
Kristy

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

220 Coolidge LLC

**ARTICLE II - Address:**

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

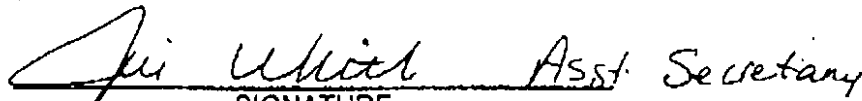
5391 Lakewood Ranch Blvd., Suite 100  
Sarasota, Florida 34240

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

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

NRAI Services, Inc.  
1200 S. Pine Island Rd.  
Plantation, FL 33324

*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 property 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.*

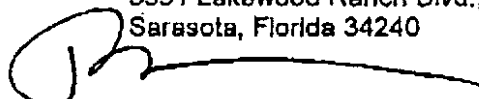
  
Asst. Secretary  
SIGNATURE

**ARTICLE IV - Management:**

The name and address of each person/entity authorized to manage and control the limited liability company:

Title:  
MGR

Name and Address:  
Lido Key JV LLC  
5391 Lakewood Ranch Blvd., Suite 100  
Sarasota, Florida 34240



Signature of a member or an 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 in section 817.155, Florida Statutes)

Robert F. Greene  
Typed or printed name of signee

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STATE OF FLORIDA