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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3700

Fax Number : (561)844-2388

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

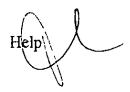
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## FLORIDA LIMITED LIABILITY CO. 100 CIVIC CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF OR	RGANIZATION FOR FL	ORIDA LIN	THED HABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability C	ompany is:			
100 CIVIC CENTER, I		hility Com	ipany, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address		·	, , ,	
Principal (	Office Address:		Mailing Address:	
1090 JUPITER PARK I JUPITER, FL 33458	DRIVE, STE 101		1090 JUPITER PARK DRIVE, STE 101 JUPITER, FL 33458	 
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	mot serve as its own Re	gistered A	gent, You must designate an individual or	2021 NOV
The name and the Florida street add	ress of the registered ag	ent are:	402 iOT acceptable)	NOV 15
,	LYS N. DANIELS			
_	Ŋ	ame		
7	01 US HIGHWAY ON	NE, SUITE	402	PH -
1	Florida street address (I	P.O. Box N	OT acceptable)	1:18
1	ORTH PALM BEAC	H FL	33408	8
_	City	State	Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

as

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OBERT D. CAMERLINCK 190 JUPITER PARK DRIVE, STE 101 IPITER, FL 33458  19:
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Camerlinck
or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statute nation submitted in a document to the Department of Stay as provided for in s.817.155, F.S.
INCK ed or printed name of signee
o I(

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