Page: 2 of 4

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	:		

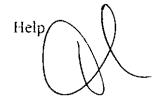
FLORIDA LIMITED LIABILITY CO.

319 Coconut Isle Drive L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



From: James Tanks III

DocuSign Envelope ID, 3C841192-E6FA-4CC6-88C0-FBA65AD56694

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

319 Coconut Isle Drive LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

18 E 4th Street Suite 902	18 E 4th Street Suite 902
Cincinnati, OH 45202	Cincinnati, OH 45202

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

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation	Florida	33324
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. Thereby 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.

C T Corporation System

By: JamesHTanksIII Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

DocuSign Envelope ID: 3C841192-E6FA-4CC6-88C0-FBA65AD56694

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Owner Management Inc.
	18 E 4th Street, Suite 902
	Cincinnati, O1145202
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