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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : SHOPPING CENTER MANAGEMENT
Account Number : I20210000196
Phone : (305)933-5507
Fax Number : (305)933-5550

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

Email Address: forsini@turnberry.com

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FLORIDA LIMITED LIABILITY CO.

TB Seagate LLC

Certificate of Status	0
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TB Seagate LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario A. Romine

Name of Person

Turnberry Associates

Firm/Company

19501 Biscayne Boulevard, Suite 400

Address

Aventura, FL 33180

City/State and Zip Code

mromine@turnberry.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mario A. Romine 305 933-5507

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TB Seagate 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:

19501 Biscayne Boulevard
Suite 400
Aventura, Florida 33180

19501 Biscayne Boulevard
Suite 400
Aventura, Florida 33180

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 Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 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, 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.

James Martin James Martin - Assistant Secretary
Registered Agent's Signature (REQUIRED)

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STATE OF FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Jacquelyn Soffer

19501 Biscayne Blvd., Suite 400

Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, F.S.

Mario A. Romine

Typed or printed name of signee

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STATE OF FLORIDA
DEPARTMENT OF STATE

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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