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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE: 415623 7999718 |
| AUTHORIZATION: Line Soleman |
| COST LIMIT : \$025,00 |
| ODDED DATE . Industry 26 2022 |
| ORDER DATE : January 26, 2023 |
| ORDER TIME : 5:22 PM |
| ORDER NO. : 415623-005 |
| CUSTOMER NO: 7999718 |
| |
| DOMESTIC FILING |
| NAME: 502PARKPH27 LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION |
| CERTIFICATE OF LIMITED PARTNERSHIP |
| XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Eyliena Baker - EXT. |
| EXAMINER'S INITIALS: |

COVER LETTER

| | ew Filing Sec vision of Cor | | | | | |
|----------------|--------------------------------|-------------------------------------|------------|---------------|---|--|
| SUBJECT: | 502parkphi | | | | | |
| 300000 | · | | ne of Lin | nited Liabil | ty Company | |
| The enclose | ed Articles of | Organization and | fee(s) are | submitted | for filing. | |
| Please retur | n all correspo | ndence concernin | ig this ma | tter to the f | ollowing: | |
| | Andrew J. St | amelman, Esq. | | | | |
| | | | | Name of | Person | |
| | c/o Sherman | Atlas Sylvester & | E Stameli | nan LLP | | |
| | | | | Firm/Co | mpany | |
| | 210 Park Av | enue, 2nd Floor | | | | |
| | | | | Addr | ess | |
| | Florham Par | k, NJ 07932 | | | | |
| t | okwok@sheri | nanatlas.com | C | ity/State an | l Zip Code | |
| _ | F | -mail address: (to | be used | for future a | nnual report notificat | ion) |
| For further in | formation co | ncerning this matt | er, please | call: | | |
| | Beatrice Kwo | k | 97 at (| 3 | 302-9704 | |
| - | Nam | e of Person | | ea Code | Daytime Telephon | ne Number |
| Enclosed is | a check for th | e following amou | ınt; | | | |
| □\$125.00 | Filing Fee | □\$130.00 Filin Certificate of S | | Certific | 5.00 Filing Fee & ed Copy of Copy is enclosed) | □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>Mailin</u> | g Address | | ; | Street Address | |

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

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

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 502parkph27 LLC (Must conatin 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: 1100 S. Flagler Drive, Unit 2103 1100 S. Flagler Drive, Unit 2103 West Palm Beach, FL 33401 West Palm Beach, FL 33401 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: Robert Tillis Name 1100 S. Flagler Drive, Unit 2103 Florida street address (P.O. Box NOT acceptable) FL West Palm Beach 33401 Zip City State

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..

Robert Tillis Docusioned by:

By Kobert Tillis

Registered 不受好了 Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | 111 27 45127 16111 | Meryl Tillis 1100 S. Flagler Drive, Unit 2103 West Palm Beach, FL 33401 Meryl Tillis 1100 S. Flagler Drive, Unit 2103 | AMBR/MGR |
|---|--------------------|---|--|
| AMBR Meryl Tillis 1100 S. Flagler Drive, Unit 2103 West Palm Beach, FL 33401 Meryl Tillis 1100 S. Flagler Drive, Unit 2103 West Palm Beach, FL 33401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | Meryl Tillis 1100 S. Flagler Drive, Unit 2103 West Palm Beach, FL 33401 Meryl Tillis 1100 S. Flagler Drive, Unit 2103 | |
| West Palm Beach, FL 33401 AMBR Meryl Tillis 1100 S, Flagler Drive, Unit 2103 West Palm Beach, FL 33401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | Meryl Tillis 1100 S. Flagler Drive, Unit 2103 | AMBR |
| AMBR Meryl Tillis 1100 S. Flagler Drive, Unit 2103 West Palm Beach, FL 33401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | Meryl Tillis 1100 S. Flagler Drive, Unit 2103 | AMBR |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | 1100 S. Flagler Drive, Unit 2103 | AMBR |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | 1100 S. Flagler Drive, Unit 2103 | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | West Palm Beach, FL 33401 | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | -7 <u>[</u>]. | | |
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| the document's effective date on the Department of State's records. | - | ot meet the applicable statutory filing requirements, this date will no | ate of filing.) :: If the date inserted in this blo |
| ARTICLE VI: Other provisions, if any. | | | • |
| | | | |
| REOUIRED SIGNATURE:DocuSigned by: | | iSigned by: | REQUIRED SIGNATUR |
| Robert Tillis | | vt Tillis | |
| Signature of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | | | |
| constitutes a third degree felony as provided for in s.817.155, F.S. | | mention submitted in a document to the Department of State | This docur I am aware |
| | | cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. | This docur I am aware constitutes |

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)