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Florida Department of State
 Division of Corporations
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Account Name : OSBORNE & OSBORNE, P.A.
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Email Address: RIM2@OSBORNEPA.COM

FLORIDA LIMITED LIABILITY CO.
 820 PALM AVENUE

Certificate of Status	0
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Page Count	04
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4/7/2014



April 8, 2014

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FLORIDA DEPARTMENT OF STATE
Division of CorporationsSUBJECT: 820 PALM AVENUE, L.L.C.
REF: W140000220942014 APR -9 AM 10:15
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TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H14000082517
Letter Number: 214A00007445

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ARTICLES OF ORGANIZATION FOR 820 PALM AVENUE, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

820 PALM AVENUE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

Mailing Address:

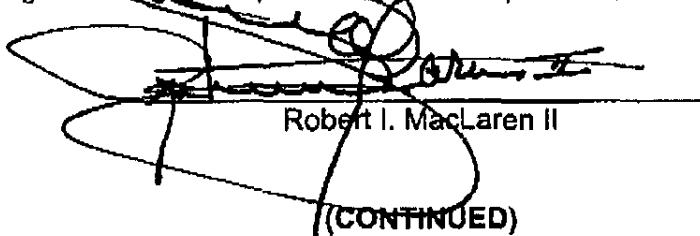
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

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

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

Robert I. MacLaren II
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

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 I. MacLaren II
(CONTINUED)

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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


Gerald A. Gagliardi
801 W. Fern Drive
Boca Raton, FL 33432

ARTICLE V: Effective date is April 7, 2014

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

REQUIRED SIGNATURE:



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 for in s.817.155, F.S.)

Robert I. MacLaren II

Typed or printed name of signee

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