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(Req	uestor's Name)			
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C. GOLDEN FEB 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

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Tallhassee, FL 32301 Phone: 850-558-1500

Thome. 550 550 1500			
ACCOUNT NO. : 12000000195			
REFERENCE : 511389 4311863			
AUTHORIZATION: Lovell Henry			
COST LIMIT : \$ (1/5500			
ORDER DATE : February 15, 2017			
ORDER TIME : 12:12 PM			
ORDER NO. : 511389-005			
CUSTOMER NO: 4311863			
DOMESTIC FILING			
NAME: 1963 TRUST 201 OCEAN TERRACE LLC			
EFFECTIVE DATE:			
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Melissa Zender - EXT.			
EXAMINER'S INITIALS:			

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	1963 Trust 201 Ocean Terrace LLC
001102	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Ivy M. Shapiro, Paralegal
	Name of Person
	Blank Rome LLP
	Firm/Company
	One Logan Square
	Address
	Philadelphia, PA 19103
	City/State and Zip Code Rowland.Smith@bakertilly.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Ivy Shapiro 215 569-5784
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$ 125.001	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				28:7 F c.
The name of the Limited Li	lability Company is:			
1067 Teurs 201	Ocean Terrace LLC			ī.kĽ
	t end with the words "Limited Lial	nility Company	T. C. "or "U.C.")	
(17145)	i old Will die Words Elimed Elia	mity company,	5.11.0., or 11.10.)	
ARTICLE II - Address:				
The mailing address and str	eet address of the principal office	of the Limited L	iability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address:	
c/o Baker Tilly	Virchow Krause, LLP	c/o Ba	ker Tilly Virchow Krause, 1	LLP
	oad, Suite 1100	1800 F	Syberry Road, Suite 1100	
Huntingdon Val	lley, PA 19006	Huntir	igdon Valley, PA 19006	
	Corporation Service Com Na			
	1201 Hays Street			
	Florida street address (P.0	D. Box <u>NOT</u> acc	eptable)	
	Tallahassee, FL 32301			
	City	State	Zip	
place designated in this certifi further agree to comply with t	ered agent and to accept service of icate, I hereby accept the appointm he provisions of all statutes relatin he obligations of my position as req	ent as registered g to the proper a	agent and agree to act in thi nd complete performance of	is capacity. my duties, and
	Corporation Service	Company	1	
	By:	MI	700	
	Registered /	Agent's Signature	(REQUIRED) Melissa	Zender
		~	Asst. Vice	President
	(CC	ONTINUED)		
	•	,		
		Page 1 of 2		

ARTICLE IV

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

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Rowland M. Smith III c/o Baker Tilly Virchow Krause, LLP, 1800 Byberry Road, Suite 1100, Huntingdon Valley, PA 19006	<u>-</u> <u>-</u>
MGR	Travis Thompson 3690 Sablewood Drive Doylestown, PA 18902	- -
		- -
		<u>.</u>
(Use attachment if necessary)		-
If an effective date is listed, the date must be spe he date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9 cet the applicable statutory filing requirements, this date will not State's records.	-
REQUIRED SIGNATURE: Revoland	Whomat The	_
This document is execute I am aware that any false	nber or an authorized representative of a member. Ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	:
Rowland M. Smith	1 III, Authorized Person Typed or printed name of signee	
\$175 00 Filing Fee for Articles of Ove	Filing Fees: anization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		2017

Page 2 of 2