

FEB 14-00

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FROM KERMAN SENTERFITT &amp; EIDSON

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## Florida Department of State

Division of Corporations

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To.

Division of Corporations

Fax Number : (850) 922-4003

From: Angelica M. Calabrese

Account Name : AKERMAN, SENTERFITT &amp; EIDSON, P.A.

Account Number : 075471001363

Phone : (305) 374-5600

Fax Number : (305) 374-5095

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## LIMITED LIABILITY COMPANY

PIER PARTNERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **PIER PARTNERS, LLC****ARTICLE II - Address:**The mailing address and street address of the principal office of the Limited Liability Company is:  
c/o Andrew M. Smulian, One S.E. 3rd Avenue, 28th Floor, Miami, Florida 33131.**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

American Information Services, Inc.  
NameOne S.E. Third Avenue, 28th Floor  
Florida street address (P.O. Box NOT acceptable)Miami, Florida 33131  
City, State, and Zip

00 FEB 14 PM 3:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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 608, F.S.*

By

Am Calabrese.Angelica M. Calabrese, Vice President  
Registered Agent's Signature**Article IV - Management**

☒ The Limited Liability Company is to be managed by the members and is, therefore, a members - managed company.

Andrew M. Smulian

Signature of authorized representative of a member.