



THE UNITED STATES
CORPORATION
COMPANY

L00000003046

ACCOUNT NO. : 072100000032

REFERENCE : 605078 7206660

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125

FILED
00 MAR 16 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 28, 2000

ORDER TIME : 2:44 PM

ORDER NO. : 605078-005

CUSTOMER NO: 7206660

900003173519-5

CUSTOMER: Mr. Thomas C. Sailors
MR. THOMAS C. SAILORS
MR. THOMAS C. SAILORS
Suite 1201
2501 Brickell Avenue
Miami, FL 33129

DOMESTIC FILING

NAME: CLOVERDALE HOLDINGS LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS:

L00-3046

| | |
|----------------|-------|
| Name | CR317 |
| Availability | |
| Examiner | |
| Verifier | |
| Witness | |
| W. P. Verifier | |

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLOVERDALE HOLDINGS LLC

ARTICLE II - Address:

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

SUITE 1201, 2501 BRICKELL AVENUE, MIAMI, FLORIDA 33129

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

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

| | | |
|---|----|-------|
| CORPORATION SERVICE COMPANY | | |
| Name | | |
| 1201 HAYS STREET | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| TALLAHASSEE | FL | 32301 |
| City, State, and Zip | | |

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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..

Laura R. Dunlap

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

AUTHORIZED REPRESENTATIVE, LAURA R. DUNLAP
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEMBERS

THOMAS C. SAILORS
SUITE 1201
2501 BRICKELL AVENUE
MIAMI, FLORIDA 33129

NATHALIE S. LEGENDRE
SUITE 1201
2501 BRICKELL AVENUE
MIAMI, FLORIDA 33129