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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL

Account Number : 076376001447

Phone : (561) 832-5900

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LIMITED LIABILITY COMPANY

Shell Trace Apartments, LLC.

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| Certificate of Status | 1 |
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ARTICLES OF ORGANIZATION
OF
SHELL TRACE APARTMENTS, LLC.

Article I - Name

The name of the Limited Liability Company is: Shell Trace Apartments, LLC.

Article II - Address

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

19214 Loxahatchee River Road
Jupiter, Florida 33458

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

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

Gary Walk
18th Floor, 515 North Flagler Drive
West Palm Beach, Florida 33401

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.



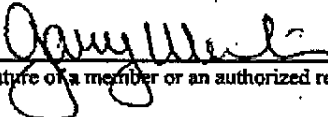
Registered Agent's Signature

Gary Walk, Northbridge Tower I, 18th Floor, 515 N. Flagler Drive, West Palm Beach, FL 33401 ((H01000037118 6)))

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Article VI - 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.


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.)

GARY WESTON
Typed or printed name of signer

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