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División of Corporations Page 1 of 2 Page

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600

Fax Number : (813)229-1660

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LIMITED LIABILITY COMPANY

RIVERGATE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

6/19/18

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ARTICLES OF ORGANIZATION RIVERGATE, LLC

ARTICLE I - Name:

The pame of the Limited Liability Company is RIVERGATE, LLC.

ARTICLE II - Address:

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

682 St. Andrews Place Manalapan, New Jersey 07726

ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 19th day of June, 2002.

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 periory that the facts stated herein are true.)

Michael H. Robbins

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is RIVERGATE, LLC.
- 2. The name and the Florida street address of the registered agent are:

C. Graham Carothers, Jr. 101 East Kennedy Blvd. Suite 2800 Tampa, Florida 33602

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.

Signature

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SECRETARY OF STATE
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