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Examiner's Initials

LES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ÁF NAME: The name of the Limited Liability Company is: **DELRAY SQUARE, LLC** AF - Address: The mailing address and the street address of the principal office of the Limited Liε pany is: **DELRAY SQUARE, LLC** 1845 Monte Carlo Way Coral Springs, FL 33071 ΑF I - Registered Agent, Registered Office, & Registered Agent's Signature: The name a street address of the registered agent are: anc Drennen L. Whitmire, Jr., Esquire Name 450 Royal Palm Way, Sixth Floor Florida street address (P. O. Box NOT acceptable) Palm Beach, FL 33480 City State, and Zip Hanamed as registered agent and to accept service of process for the above stated limite lia any at the place designated in this certificate, I hereby accept the appointment as registed ee to act in this capacity. I further agree to comply with the provision of all statues relating ag. ly and complete performance of my duties, and I am familiar with and accept the obligations to as registered agent as provided for in Chapter 608, F.S. of V - Management (Check box if applicable.) ΑF ed Liability Company is to be managed by one or more managers and is therefor, a aged company. m٤ ΑI - Effective Date of Existence: The Effective Date of the Limited Liability Company's Il be upon the date of filing. ex Signature of 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

Drennen L. Whitmire, Jr Typed or printed name of signee

true.)