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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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RECEIVED
03 APR 29 AM 7:39
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

deerfield beach resort, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
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03 APR 28 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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429-03

HUGO W 1534104

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **DEERFIELD BEACH RESORT, LLC**

ARTICLE II - Address:

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

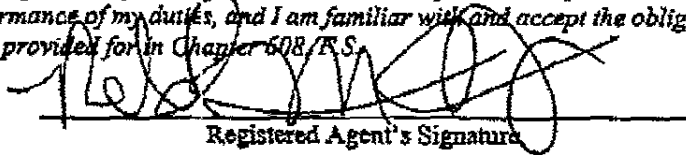
**5300 NW 12th AVENUE, SUITE 1
FORT LAUDERDALE, FLORIDA 33309**

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

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

**RICHARD M. MOGERMAN, P.A.
150 SOUTH PINE ISLAND ROAD, SUITE 130
PLANTATION, FLORIDA 33324**

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 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

ARTICLE IV - Management (Check box if applicable.)

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

ARTICLE V - Initial Members:

The initial members of the limited liability company are:

- Patrick Danan - 5300 NW 12th Avenue, Suite 1, Fort Lauderdale, Florida 33309
- Leonard J. Mercer, Jr. - 5300 NW 12th Avenue, Suite 1, Fort Lauderdale, Florida 33309

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


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 here in are true.)

**RICHARD M. MOGERMAN,
AS AUTHORIZED REPRESENTATIVE**

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AND
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03 APR 28 AM 8:26
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA