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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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03 OCT -9 PH 1: 40

DIVISION OF COMPORATION

OB OCT -9 PH 1:51

Office Use Only

ARTHUR C. GAY Requester's Name		
1423 North Bronough Street Address	·	
Tallahassee, Fl 32303 850 City/State/Zip Phone #	/386-8625	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (Office Use Only if known): S, LLC
1. PRINCETON (SIXTEEN) EXCH. (Corporation Name)	ANGE ACCOMODATORS (Document #)	S, LLC
2. (Corporation Name)	(Document#)	
3. (Corporation Name)	. (Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time _		Certified Copy
Mail out Will wait		Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of I Change of Regis Dissolution/Wit Merger	
OTHER FILINGS	REGISTRATION/	QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	ship
	. u	Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRINCETON (SIXTEEN) EXCHANGE ACCOMODATORS, LLC

ARTICLE II - Address:

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

1423 North Bronough Street, Tallahassee, Fl 32303

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

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

ARTHUR C. GAY			
Name			
1423 North Bronough Street			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee FL 32303			
City, State, and Zip			

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..

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)

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.)

ARTHUR C. GAY

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)