

Florida Department of State

Division of Corporations Public Access System

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To;

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: FIELDSTONE LESTER SHEAR & DENBERG

Account Number : I19990000180

Phone : (305)357-5775

Fax Number

: (305)357-5534

LIMITED LIABILITY COMPANY

- EAST COAST NORTH 3, LLC

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Division of Corporations

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EAST COAST NORTH 3, LLC

ARTICLE II - Address:

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

1200 Clint Moore Road Boca Raton, FL 33487

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

Ronald R. Fieldstone

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

MATTE
201 Alhambra Circle, Suite 601 Florida street address (P.O. Box NOT acceptable)
Coral Gables, FL 33134 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. Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and	l is, there	efor c ,
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.)

Richard Buchsbaum, as
Authorized Representative
Typed or printed name of signee