## LD4000057746

(Re	equestor's Name)	
(Ac	dress)	<u> </u>
(Ad	dress)	
(Ćit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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JIVLUON OF CORPORATION
TAILAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: SPH Realty, LLC	
(Name of Limited Liability Company)	_
The enclosed Articles of Organization and fee(s) are submitted for filing.	27/2
Please return all correspondence concerning this matter to the following:	PX 2: 10
Steven P. Hochman (Name of Person)	· '-
(Name of Person)	9
SPH Realty, LLC	Ð,
(Firm/Company)	
3778 NW 124th Avenue	
(Address)	
Coral Springs, FL 33065	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Steven P. Hochman at ( 954 ) 545-5590	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
SPH Realty, LLC		
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3778 NW Springs Avenue	10117 Canoe Brook Circle	
Coral Springs, FL 33065	Boca Raton, FL 33498	
<del></del>		
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register		
Robert N. Rosen		
Name		

980 North Federal Highway, Suite #205 Florida street address (P.O. Box NOT acceptable) Boca Raton 33432 FLORIDA 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Steven P. Hochman
	10117 canoe Brook Circle
	Boca Raton, FL 33498
Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGN <del>ATURE:</del>	
	2
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	s an affirmation under the penalties of perjury
that the facts stated herein a	are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

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)

Typed or printed name of signee