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TRANSMITTAL LETTER

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| SUBJECT: | Pun- | a Gorda Inv | lestors of Box Liability Company) | a Lago Lake, |
| The enclose | d Articles of | Organization and fee(s) are su | abmitted for filing. | |
| Please return | n all corresp | ondence concerning this matter | r to the following: | |
| | f | aul Franson | Name of Person) | |
| | La | rdger Plus | | |
| | | J (F | Firm/Company) | |
| _ | 15 | o S. Univer | sity Drive, | SwteC |
| | <u> </u> | Partation (City) | (Address) 72 3332 State and Zip Code) | |
| For further i | information | concerning this matter, please | call: | |
| Paul | | US ON of Person) | at (954) 472 (Area Code & Daytime To | 2-9/44 elephone Number) |
| Enclosed is | s a check fo | or the following amount: | | |
| \$125.00 | Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regisi Divisi 409 E | ET ADDRESS: tration Section on of Corporations Gaines Street assec, Florida 32399 | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | ection orporations 7 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: |
|--|
| Punta Goody Investors at Boca Lago Lake, LLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Larger Plus 150 S. University Drive Stell. Plan trution, FC 37724 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: Yau Franson |
| 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 |
| (CONTINUED) |

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|-------------------------------|---|
| "MGRM" = Managing Member | . |
| MGRM | Paul Franson 150 S. University Drive Swite C |
| MGRM | Anne Giroux |
| , a | Pembroki Pines, 12 33026 |
| MGRM | Arthur Colson |
| | Plantation F2 33323 |
| | |
| | |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signiture 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 barein are true.)

XX LOUCAL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)