## Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

: FIELDSTONE LESTER SHEAR & DENBERG Account Name

Account Number: I19990000180 : (305)357~5775 Phone : (305)357-5534

A Thomas CFP

# LIMITED LIABILITY COMPANY

Bray & Gillespie XXIX, LLC

Certificate of Status	0
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAY & GILLESPIE XXIX, LLC

#### ARTICLE II - Address:

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

800 Brickell Avenue, Ste. 1270 Miami, Florida 33131

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

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

MICHAEL A. ROSEN

800 Brickell Avenue, Suite 1270 Florida street address (P.O. Box NOT acceptable)

Miami, FL 33131 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 508, 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 of as 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.)

MICHAEL A. ROSEN, Authorized Representative
Typed or primed name of signer

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