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Division of Corporations Fax Number : (850)205-0383

From:

Account Name

: PROSKAUER ROSE LLP

Account Number: 074673001063
Phone: (561)995-4704
Fax Number: (561)241-7145

LIMITED LIABILITY COMPANY

The Enclave MM, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: THE ENCLAVE MM, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1500 W. Cypress Creek Road, Suite 409, Fort Lauderdale, FL 33309.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Scott Brenner 1500 W. Cypress Creek Road Suite 409 Fort Lauderdale, FL 33309

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

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 tree,)

Scott Brenner, Managing Member
Typed or printed name of signee

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