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(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	usiness Entity Name)
(D	ocument Number)
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ACCOUNT NO. : 072100000032 REFERENCE: 175568 AUTHORIZATION : COST LIMIT : ORDER DATE: June 13, 2006 ORDER TIME : 3:06 PM ORDER NO. : 175568-005 CUSTOMER NO: 4802844 DOMESTIC FILING NAME: KENDALL 137 HOLDINGS LLC EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF OF	RGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY mpany is:
ARTICLE I - Nan The name of the Li		mpany is:
Kendall 137 Holdings	ILC	
(Must end with the words	"Limited Liability Con	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Ad The mailing address	s and street addre	s of the principal office of the Limited Liability Company is: Mailing Address:
1930 Harrison Street	·	1930 Harrison Street
Suite 404		Suite 404
Hollywood, Florida 33	020	Hollywood, Florida 33020
business entity with an a	ctive Florida registratio	a own Registered Agent. You must designate an individual or another ss of the registered agent are:
Corporation Service Company		Company
		Name
	1201 Hays Street	
	Flor	la street address (P.O. Box NOT acceptable)
	Tallahassee	FL 32301
		FL 32301 City, State, and Zip
liability compar registered agent an statutes relating t	ed as registered ag sy at the place dest ad agree to act in t to the proper and c gations of my posit	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S
	By:	Sue G. Knight as its agent

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Rivo Alto Partners LLC 1930 Harrison Street Hollywood, FL 33020 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

By: Joel Eidelstein, authorized representative of a member

Typed or printed name of signee