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| | (Requestor's Name) | |
|----------------------|--------------------------|--|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | P WAIT MAIL | |
| | (Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions | to Filing Officer: | |
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| ARTICLES OF ORGANIZATION FOR FI | ORIDA LIMITED LIABILITY COMPANY | | |
|--|---|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is | : | | |
| Park Ridge GP, LLC (Must end with the words "Limited Liability Company, "Limi | ted Company" or their abbreviation "LLC," or "L.C.,") | | |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 33 Inverness Center Parkway | 33 Inverness Center Parkway | | |
| Suite LL130 | Suite LL130 | | |
| Birmingham, AL 35242 | Birmingham, AL 35242 | | |
| (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Stephen G. Lowitz | | | |
| Name | | | |
| 3521 N. 53rd Avenue | | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| Hollywood | FL 33021 | | |
| 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, F.S | | | |
| Registered Agent's Sign | ILED SSEE, FI | | |
| (CONTINE Page 1 of | | | |

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 Mer | nber |
| MGRM | John Moore |
| IAIQI | 33 Inverness Center Parkway, Suite LL130 |
| | Birmingham, AL 35242 |
| | |
| MGRM | David Sumrall |
| - 1 | 33 Inverness Center Parkway, Suite LL130 |
| | Birmingham, AL 35242 |
| | |
| MGRM | Gabriel Ehrenstein |
| | 6340 Via Tierra |
| | Boca Raton, FL 33433 |
| MGRM | Samuel T. Johnston |
| | 33 Inverness Center Parkway, Suite LL130 |
| | Birmingham, AL 35242 |
| (Use attachment if necessar ARTICLE V: Effective date, if other is listed, the date or 90 days after the date of filing | er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior |
| <u>REQUIRED</u> SIGNATUR | E: |
| Signature | of a member or an authorized representative of a member. |
| of this doc | ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.) |
| Gabriel E | Chrenstein |

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)

Typed or printed name of signee

Additional Managers or Managing Members:

MGRM

Stephen G. Lowitz 3521 N. 53rd Avenue Hollywood, FL 33021