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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101 Phone

: (561)691-0059

Fax Number : (561)691-0066

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Five Parcels-60, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

DR

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Five Parcels-60, LLC

(Must and with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

A

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

| | | the second of th | • | |
|--|-----------------|--|------|---------------------|
| rincipal Office Address: | | Mailing Address: | Āς | 0 |
| 551 Forum Place, Suite 100 | , | . 1551 Forum Place, Suite 100 | LC: | 7 A |
| Vest Palm Beach, FL 33401 | ,· . | West Palm Beach, FL .33401 | | AUG |
| | | | SE | $\overline{\omega}$ |
| RTICLE III - Registered Agent, Registe | ered Vegista | Office, & Registered Agent's Signatu | ite: | A. |

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

Peter Brock

Name

1551 Forum Place, Suite 100

Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33401

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 & Separates (REQUIRED)

(CONTINUED)
Page 1 of 2

Marca Silaga Mir

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

MGRM
Peter Brock
1551 Forum Place, Suite 100
West Palm Beach, FL 33401

MGRM
Andrew Brock
1551 Forum Place, Suite 100
West Palm Beach, FL 33401

(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 that the facts stated herein are true.)

Peter Brock

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)

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