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(Business Entity Name)

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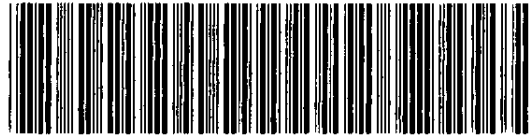
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1044 Park Street, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily R. Kerns

(Name of Person)

Donahoo, Ball and McMenamy, PA

(Firm/Company)

50 North Laura Street, Suite 2925

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Emily R. Kerns at (**904**) **354-8080**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

FOR

1044 PARK STREET, LLC

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE 1. NAME

The name of this limited liability company is 1044 PARK STREET, LLC.

ARTICLE 2. ADDRESSES

The mailing address and the street address of the principal office of the limited liability company is 32 Washington Square West, New York, New York 10017.

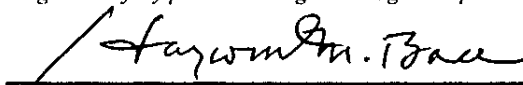
ARTICLE 3 - REGISTERED AGENT,

REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Haywood M. Ball
Donahoo, Ball & McMenamy, P.A.
50 North Laura Street, Suite 2925
Jacksonville, Florida 32202

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, Florida Statutes



Registered Agent's Signature

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FLORIDA

ARTICLE 4. DURATION

This limited liability company is to exist perpetually.

ARTICLE 5. PURPOSE

This limited liability company is organized for the purpose of transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as amended.

ARTICLE 6. MEMBERS

The members of this limited liability company are:

<u>NAME</u>	<u>ADDRESS</u>
William T. Buice, III	32 Washington Square West New York, New York 10017
Edith H. Carpenter	409 Mayfair Drive Rocky Mount, North Carolina 27804

ARTICLE 7. MANAGEMENT

This limited liability company is to be managed by the members and the name and addresses of the managing members are:

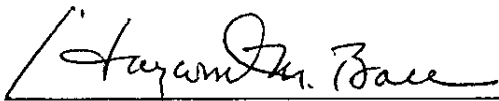
<u>NAME</u>	<u>ADDRESS</u>
William T. Buice, III	32 Washington Square New York, New York 10017
Edith H. Carpenter	409 Mayfair Drive Rocky Mount, North Carolina 27804

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ARTICLE 8. ADMISSION OF ADDITIONAL MEMBERS

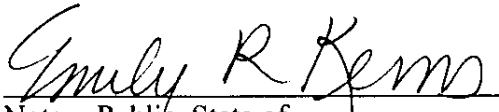
No person may be admitted as an additional member of this limited liability company unless all current members consent in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 28th day of August, 2008, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.


HAYWOOD M. BALL, Authorized
Representative

STATE OF FLORIDA
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to me by HAYWOOD M. BALL, who is (✓) personally known to me or () has produced _____ as identification, this 28 day August, 2008.

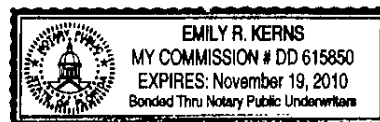

Notary Public, State of
Florida at Large

(Emily R Kerns)

Print name below signature

My Commission Expires: 11/19/2010

My Commission Number: DD615850



STATE OF FLORIDA
TALLAHASSEE

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