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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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B. KOHR

NOV 2 9 2011

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE: 995169 7527475

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: November 29, 2011

ORDER TIME : 10:16 AM

ORDER NO. : 995169-005

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: QUANTICO BUILDING H-2, LLC

XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
·	
Quantico Building H-2, LLC	
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	oany is: y, "Limited Company" or their abbreviation "LLC," or "L.C.,") of the principal office of the Limited Liability Company is:
The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1001 East Telecom Drive	1001 East Telecom Drive
Boca Raton, Florida 33431	Boca Raton, Florida 33431
	
The name and the Florida street address Corporation Service Con	-
1201 Hays Street	
Florida s	street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City	, State, and Zip
liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position. Corporation Service Compaction Service Service Compaction Service Service Service Compaction Service Service Compaction Service	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S Signature REQUIRED) Kimberly B. Moret as its agent

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:
MGR	·	SH Advisors, LLC
		1001 East Telecom Drive
		Boca Raton, Florida 33431
	,	
	-	
	I	
	<u> </u>	
LE V: Effective date is	nt if necessary) we date, if other than the da listed, the date must be s e date of filing.)	nte of filing: (OPTION pecific and cannot be more than five business d
LE V: Effective date is days after the	ve date, if other than the da listed, the date must be s	
LE V: Effective date is days after the	ve date, if other than the da listed, the date must be s date of filing.)	
LE V: Effective date is days after the	ve date, if other than the da listed, the date must be s date of filing.)	
LE V: Effective date is days after the	ve date, if other than the da listed, the date must be set date of filing.) SIGNATURE: Signature of a member of a member of the date of	pecific and cannot be more than five business d or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)