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Office Use Only

9 2011

EXAMINER



000214620070



ACCOUNT NO. : I2000000195 REFERENCE: 018958 AUTHORIZATION : COST LIMIT : ORDER DATE: December 8, 2011 ORDER TIME : 3:12 PM ORDER NO. : 018958-010 CUSTOMER NO: 4300426 DOMESTIC FILING NAME: LYNX ZUCKERMAN AT JENSEN BEACH, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

Lynx Zuckerman at Jensen Beach, LLC

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

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|--|---|
| 2255 Glades Road, Suite 324A | 2255 Glades Road, Suite 324A |
| Boca Raton, FL 33431 | Boca Raton, FL 33431 |
| Attn: Matthew H. Maschler, Esq. | Attn: Matthew H. Maschler, Esq. |
| | istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another |
| The name and the Florida street address | a Called and a least and |
| The manie and the Profita Street address t | of the registered agent are: |

| | Name |
|------------|---|
| 2255 Glade | es Road, Suite 324A |
| Florid | la street address (P.O. Box NOT acceptable) |
| Boca Raton | _{FL} 33431 |
| | 0'. 0 10' |

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Lynx Zuckerman Holding Company, LLC **MGRM** 2255 Glades Road, Suite 324A Boca Raton, FL 33431 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Filing Fees:

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

Michael McCarty

S 5.00 Certificate of Status (Optional)

. Typed or printed name of signee