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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

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FLORIDA LIMITED LIABILITY CO. SHANER REALTY PARAMOUNT BAY PROPERTIES, LLC

Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$125.00

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1/13/2012

CT CORPORATION

COVER LETTER

	on Section (Corporations			
	r Realty Paramount Bay Propert	ties, LLC		
SOBOLUTE	Name of Lim	ited Liability Company		
The enclosed Articl	es of Organization and fee(s) an	e submitted for filing.		
Please return all cor	respondence concorning this ma	uter w the following:		
George P. W	/olfe, Carparate Counsel			
		Name of Person	~	
-7,		Pirm/Company	•	
1965 Waddi	e Road	•		
		Address :>	· ·	.
State College	,PA 16803		S 5	******
		ity/State and Zip Code	=	=
among ensure		for litture annual report notification)	ှိ မြ	
For further Informat	ion converning this matter, pleas	لمي لمثر.	. A.H. 63:	
Nancy Rush		814 3278-7212	O) GIJ	
N	une of Person	Area Code & Daytine Telephone Number		
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$150.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))	
	Muiling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Co.	mpany is:	
Shauer Realty Paramount Bay Properties, LL	c	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street addres	s of the principal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
255 Alhambra Circle, Suite 415	255 Alhambra Circle, Suite 415	
Coral Gables, FL 33134	Coral Gables, FL 33134	
(The Limited Liability Company cannot serve as in husiness entity with an active Florida registration		12 JAN I
The name and the Florida street addre		Sign Co
CT Corporation Syst	era .	निष् 🤧 🗇
		TI. "
1200 South Pine Islam		
Florio	la street address (P.O. Box NOT acceptable)	⊘ (1) (2)

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..

CT Corporation System

CONNIE Bryan

Plantation FL 33324 City, State, and Zip

Assistant Secretary

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" ≈ Manager "MGRM" = Managing Member MGR Justin L. Shaner 255 Albambra Circle, Suite 415 Coral Gables, FL 33134 MGRM Gabriel Holch 255 Alhambra Circle, Suite 415 Corel Gables, 171, 33134 (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.) Justin L. Shaner Typed or printed name of signer 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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