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FLORIDA LIMITED LIABILITY CO.  
1220/1222 NORTH OCEAN LLC

Certificate of Status	1
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ATTORNEYS AT LAW

**To: Division of Corporations**  
Company:  
Fax: 1-850-617-6383  
Phone:

**From: Sharon Sandidge**  
Fax: 954-333-4134  
Phone: 954-761-2934  
E-mail: sharon.sandidge@gmlaw.com

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**NOTES:**

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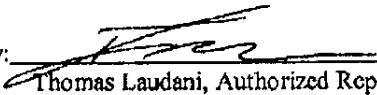
H12000219953

ARTICLES OF ORGANIZATION  
OF  
1220/1222 NORTH OCEAN LLC  
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is: 1220/1222 NORTH OCEAN LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 185 Northeast 4th Avenue, Suite 104, Delray Beach, Florida 33483.
- 3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

The undersigned has executed these Articles of Organization on the 5 day of ~~August~~<sup>SEP</sup> 2012.

By:   
Thomas Laudani, Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY NAMED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: 1220/1222 NORTH OCEAN LLC
- 2. The name and address of the registered agent and office is:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

*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 relative 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.*

Barbara A. Burke  
Registered Agent      Barbara A. Burke  
Special Assistant Secretary

9/4/12  
Date

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