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JUN 1 4 2013 J. BRYAN



ACCOUNT NO. : I2000000195 REFERENCE: 684737 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: June 11, 2013 ORDER TIME : 3:14 PM ORDER NO. : 684737-055 CUSTOMER NO: 4319480 DOMESTIC FILING REMAINING VILLAS AT SUNCREST NAME: LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XXX CERTIFIED COPY ____ PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 52956 EXAMINER'S INITIALS: (850) 245-6051.

COVER LETTER

	ation Section n of Corporations				
Re	maining Villas at SunCrest LLC				
SUBJECT:	Name of Lim	ited Liability Com	pany		
The enclosed Art	icles of Organization and fee(s) are	submitted for filin	g.		1.0
Please return all	correspondence concerning this ma	tter to the following	z :	7	ECR SECR
Philip Br	ody				13
····		Name of Person		 	97.7. 3
Time Equ	uities, Inc.				TOPE TARK OF STATE
		Firm/Company			
55 Fifth A	Avenue, 15th Floor				7
		Address			
New Yor	k, NY 10003				
	Ci	ty/State and Zip Cod	c		
pbrody@	timeequities.com				
	E-mail address: (to be used	for future annual rep	ort notification)		
For further inform	ation concerning this matter, please	e call:			
Philip Brody		212	206-6011		
	Name of Person	at (Area Code	& Daytime Telep	hone Number	_
Enclosed is a ch	eck for the following amount:			•	
]\$ 125.00 Filing	Fee \$\square\$\$\$\$\square\$	□\$155.00 Filit Certified Co (additional cop	ру	\$160,00 Filing Certificate of S Certified Copy (additional copy is	tatus &
	Mailing Address Registration Section Division of Corporations	Registrat Division	ourier Address ion Section of Corporations		

P.O. Box 6327

Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF	ORGANIZATION	FOR FLORIDA LIMI	ГЕД LIABILITY COMPA	1
ARTICLE I - N	lame:		CRE	
The name of the	Limited Liability Com	pany is:	HPSSE TARY	IN 13 R 9 L
Remaining Villas	at SunCrest LLC		, in c	. 76 . 9
		nited Liability Company, "L.L C.,	"or "LLC.")	F. F.
ARTICLE II - A	A ddwggg		3	芸術
		of the principal office of t	he Limited Liability Company	is:
	reso una street address (or the principal office of t	no Elimed Elaomey Company	13.
Principal Office	Address:	Mailing Addre	ess:	
c/o Time Equities,	. Inc.			
55 Fifth Avenue, 1				
New York, NY 10				
The name and the	e Florida street address Corporation Service C	of the registered agent ar Company Name	e: 	
	1201 Hays Street			
		street address (P.O. Box NOT	acceptable)	
	Tallahassee	FL 32301		
		City, State, and Zip		
liability comp registered agen all statutes rela	oany at the place designa at and agree to act in thi ating to the proper and t	ated in this certificate, I has capacity. I further agre complete performance of ton as registered agent as p	process for the above stated limit ereby accept the appointment as e to comply with the provisions of my duties, and I am familiar with provided for in Chapter 608, F.S	; of h
	By: Registered Agent	2 Kingst	Sue G. Knight Assistant Vice President	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er Sylve
MGRM	Prancis Greenburger C/O Time Equities, Inc., 55 Fifth Ave., 15th Fir New York, NY 10003
	c/o Time Equities, Inc., 55 Fifth Ave., 15th Fir
	New York, NY 10003
MGRM	Robert Kantor
	c/o Time Equities, Inc., 55 Fifth Ave., 15th Fir
	New York, NY 10003
	
Use attachment if necessary)	
Use attachment if necessary)	
	han the date of filing: (OPTIONAL)
LE V: Effective date, if other	than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days
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LE V: Effective date, if other is fective date is listed, the date or 90 days after the date of fixed	le must be specific and cannot be more than five business days ling.)

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)