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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383 Effective Date 10-24-13

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
ARA Augusta, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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13 OCT 24 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 24 AM 9:47  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

OCT 25 2013

ARTICLES OF ORGANIZATION  
FOR  
ARA AUGUSTA, LLC

ARTICLE I

Name

The name of the Limited Liability Company is ARA AUGUSTA, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 1320 S. Dixie Highway, Suite 241, Coral Gables, Florida 33146.

ARTICLE III

Existence; Duration

This limited liability company shall have a perpetual existence, unless dissolved according to law, commencing on the 24<sup>th</sup> day of October, 2013.

ARTICLE IV

Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be 1320 S. Dixie Highway, Suite 241, Coral Gables, Florida 33146, and the name of the initial registered agent of the Limited Liability Company at that address is Warren Bryer.

ARTICLE V

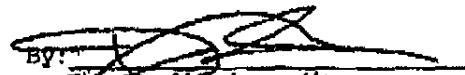
Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

2013 OCT 24 AM 9:47

The undersigned authorized representative of the members of  
ARA AUGUSTA, LLC, hereby executes these articles of organization on  
this 24<sup>th</sup> day of October, 2013.

ARA PROPERTY HOLDINGS, LLC, a  
Florida limited liability  
company

BY:   
Thomas Abraham, Manager,  
authorized representative

2013 OCT 24 AM 9:47  
STATE OF FLORIDA  
COUNTY OF ALBANY


**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA,

1. The name of the Limited Liability Company is **ARA AUGUSTA, LLC.**
  
2. The name and the Florida street address of the registered  
agent and office are:

Warren Bryer  
1320 S. Dixie Highway  
Suite 241  
Coral Gables, Florida 33146

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.

  
Warren Bryer

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