

#11/5/2013 11:08:25 From: To: 8506176383  
Division of Corporations  
Page 1 of 1  
1/2

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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RECEIVED  
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**FLORIDA LIMITED LIABILITY CO.  
PT NORTH STATE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

K. SALLY  
EXAMINER  
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13 NOV -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
PT NORTH STATE MANAGEMENT, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is PT North State Management, LLC (the "Company")

**ARTICLE II: - Address**

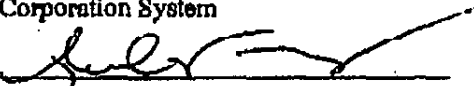
The mailing address and street address of the principal office of the Company is: 777 Brickell Avenue, Suite 1070, Miami, Florida 33131.

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the street address of the Company's initial registered agent are: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

*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

By:   
Name: \_\_\_\_\_  
Title: **Angel Nunez**  
**Assistant Secretary**

  
Erin M. Swick, 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.)

**Erin M. Swick**  
Typed or printed name of signee