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SECKE FARY OF STATE
DIVISION OF CORPORATION



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Altura Investment Holdings, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harold S. Lippes
Name of Person
Lippes & Bryan , P.A.
Firm/Company
700 Ponte Vedra Lakes Blvd.
Address
Ponte Vedra Beach, FL 32082
City/State and Zip Code hlippes@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harold S. Lippes Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee & \$\frac{1}{2}\$\$ \$155.00 Filing Fee & \$\frac{1}{2}\$\$ \$160.00 Filing Fee, \$\frac{1}{2}\$\$ Certificate of Status & \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Altura Investment Heidings 11 C	·
Altura Investment Holdings, LLC (Must end with the wor	ds "Limited Liability Company, "L.L.C.," or "LLC.")
·	
ARTICLE II - Address:	principal office of the Limited Liability Company is:
The maining address and street address of the	principal office of the Limited Liaotity Company is.
Principal Office Address:	Mailing Address:
700 Ponte Vedra Lakes Blvd.	700 Ponte Vedra Lakes Blvd.
Ponte Vedra Beach, FL 32082	Ponte Vedra Beach, FL 32082
another business entity with an active Florid	•
another business entity with an active Florid	a registration.)
another business entity with an active Florid The name and the Florida street address of the	a registration.)
another business entity with an active Florid The name and the Florida street address of the	a registration.) ne registered agent are: Name
another business entity with an active Florid The name and the Florida street address of the Harold S. Lippes 700 Ponte Vedra Lakes Blv	a registration.) ne registered agent are: Name
another business entity with an active Florid The name and the Florida street address of the Harold S. Lippes 700 Ponte Vedra Lakes Blv	Name od. SS (P.O. Box NOT acceptable)
another business entity with an active Florid The name and the Florida street address of the Harold S. Lippes 700 Ponte Vedra Lakes Blv Florida street address	ne registered agent are: Name No. No. No. No. No. No. No. No

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
IGR	Harold S. Lippes
	700 Ponte Vedra Lakes Blvd.
	Ponte Vedra Beach, FL 32082
	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the dat	e of filing: (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be s filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be spling.) VI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section of t	e of filing:
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section constitutes and signature of a management of the section constitutes and signature of the section constitutes and signature of a management of the section constitutes and signature of the section const	ember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)