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**FLORIDA LIMITED LIABILITY CO.  
SADELA EASTERN SHORES, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION OF  
SADELA EASTERN SHORES, LLC**

The undersigned Member to these Articles of Organization hereby forms a Limited Liability Company under the laws of the State of Florida in accordance with Florida Statutes Chapter 605.0113.

**ARTICLE I****Name**

The name of the Limited Liability Company is:

**SADELA EASTERN SHORES, LLC**

**ARTICLE II****Terms of Existence**

This Limited Liability Company shall have perpetual existence.

**ARTICLE III****Nature of Business and Powers**

The general nature of the business to be transacted by the Limited Liability Company is to engage in any and all business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV****Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

3201 NE 183<sup>rd</sup> Street  
Unit #2206  
Aventura, FL 33160

**ARTICLE V****Registered Agent, Registered Office, & Registered Agent's Signature:**

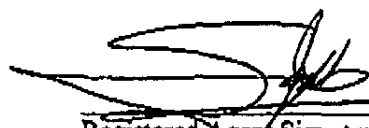
The name and the Florida street address of the registered agent are:

Sadia Chocron  
3201 NE 183<sup>rd</sup> Street  
Unit #2206  
Aventura, FL 33160

*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 605.0113. F.S.*

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Registered Agent Signature**ARTICLE VI**  
**Management**

The Limited Liability Company shall have two (2) members initially. The number of Members may be increased from time to time pursuant to the Bylaws, but shall never be less than two (2). Management of the Limited Liability Company is to be vested in the Members of the Company.

In the event of the death, disability, resignation or any other event, which renders a Member unable to continue his/her membership in the Company, operation of the Company shall be vested in the remaining Members.

**ARTICLE VII**  
**Manager**

The name of the Manager of the Limited Liability Company and their street address is:

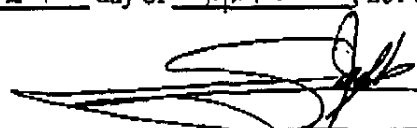
Sadia Chocron  
3201 NE 183<sup>rd</sup> Street  
Unit #2206  
Aventura, FL 33160

The managers shall hold office for the first year of existence of this Limited Liability Company or until their successors are elected or appointed and have qualified, whichever occurs first.

**ARTICLE VIII**  
**Amendment**

This Limited Liability Company reserves the right, to amend or repeal any provisions contained in these Article of Organization or any Amendment to them, and any right conferred upon the Members is subject to reservation.

IN WITNESS WHEREOF, the undersigned, as Members, have executed the foregoing Article of Organization this 24 day of April, 2014.

  
SADIA CHOCRON

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**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND REGISTERED OFFICE OF  
SADELA EASTERN SHORES, LLC**

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Pursuant to Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the state of Florida:

The name of the Limited Liability Company is:

**SADELA EASTERN SHORES, LLC**

The name and Florida street address of the registered agent is:

**Sadia Chocron  
3201 NE 183<sup>rd</sup> Street  
Unit #2206  
Aventura, FL 33160**

Having been named as registered agent to accept service of process for the above sated 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 the obligations of my position as registered agent.

  
SADIA CHOCRON

Date: 04/25/2017

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