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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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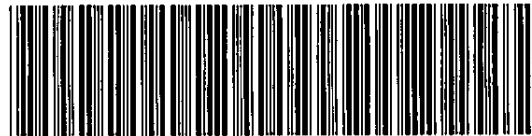
(Business Entity Name)

(Document Number)

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14 SEP 26 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**P3 REAL ESTATE, LLC****Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Formation</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

9/26/2014

**ST**

Order#:  
**9290051**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**P3 REAL ESTATE, LLC****Thank you!**☐ Profit☐ Amendment☐ Merger☐ Nonprofit☐ Foreign☐ Dissolution/Withdrawal☐ Mark☐ Reinstatement☐ Limited Partnership☐ Annual Report☐ Other☒ LLC☐ Name Registration**Formation**☐ Fictitious Name☐ UCC☐ Certified Copy☐ Photocopies☐ CUS☐ Call When Ready☐ Call If Problem☒ Walk In☐ Will Wait☒ Pick Up☐ Mail Out

Name \_\_\_\_\_

9/26/2014

Order#:

Availability \_\_\_\_\_

**9290051**

Document \_\_\_\_\_

**ST**

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
P3 REAL ESTATE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **P3 REAL ESTATE, LLC**

**ARTICLE II: - Address**

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

**1101 Brickell Avenue  
8<sup>th</sup> Floor  
Miami, Florida 33131**

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

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

**NRAI Services, Inc.  
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 605, F.S.*

NRAI Services, Inc., as Registered Agent

By: *Adrienne Rivera*  
Name: Adrienne Rivera  
Title: Special Assistant Secretary

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14 SEP 26 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on September 25, 2014.

/s/ Gaurav Butani  
Gaurav Butani, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Gaurav Butani  
Typed or printed name of signee