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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY PROPERTY.

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CORPORATION

ON SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	
REFERENCE: 359999 4375876	
AUTHORIZATION :	
COST LIMIT : \$\160.00	
ORDER DATE : October 31, 2014	
ORDER TIME : 3:38 PM	
ORDER NO. : 359999-005	
CUSTOMER NO: 4375876	
DOMESTIC FILING	
NAME: OTTER CREEK ADVISORS, LLC	
EFFECTIVE DATE:	第130mm 10mm 10mm 10mm 10mm 10mm 10mm 10mm
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	
XX ARTICLES OF ORGANIZATION	(1) Car
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	(A 5
XX CERTIFIED COPY PLAIN STAMPED COPY	
XX CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Courtney Williams - EXT. 62935	

EXAMINER'S INITIALS:

COVER LETTER

TO: Registrati Division o	on Section Corporations					
SUBJECT: Otter	Creek Advisors, LLC Name of Li	inited Liability Company				
	es of Organization and fee(s)	_				
Please return all con	respondence concerning this r	natter to the following:				
<u>Michae</u>	I.J. Winter		 			
		Name of Person				
Otter C	reek Advisors, LLC					
		Firm/Company				
222 La	ceview Ave., Suite 1100					
		Address		(4	
West P	alm Beach, FL 33401	Sin No. to a J 71 Code			0 11	
mwinter@otte	rcneekmat.com	City/State and Zip Code	ation)		OCT 31	
For further informati	on concerning this matter, ple	•			~ vo	-1
10 Marie different	on concerning this matter, pre-	ast can.			[]] ငှ	`
Michael J. Winter Na	et (561) 832-4110 Area Code Daytime Te	lephone Number		62. dd	
Enclosed is a check i	or the following amount:					
☐ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fcc, Certificate of Status Certified Copy (additional copy is encl			
	siling Address	Street/Courier Add	uzz			

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Otter Creek Advisors, LLC (Must and with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	-	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401	222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401	<u>-</u>	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an indiv	 	
The name and the Florida street address of the registered a	agent are:	750 *	
Corporation Service Co	ompany	12 S	77
Name		7. S.	
1201 Hays Street			17
Florida street address (P.O. Box)	NOT acceptable)	- 22	
Tallahassee	FL 32301	$\sim \frac{1}{2} \frac{1}{2} \omega$	
City	Zip	्रिक ह	
Having been named as registered agent and to accept serve the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	the appointment as registered agent and agree of all statutes relating to the proper and complete gations of my position as registered agent as pror 605, F.S	to act in this performance	

(CONTINUED)
Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR R. Keith Long 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 MGR Gordon Williams 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 MGR Michael Winter 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 MGR Jyler Welling 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: Of 31 14 (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Manager (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 8.817.155, F.S.)	Title:	Name and Address:
*MGR ** Manager MGR		() best a real and
MGR R. Keith Long 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 MGR Gordon Williams 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 MGR Michael Winter 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 MGR Jyler Walling 222 Lakeview Ave., Suite 1100 West Palm Beach, FL 33401 (Use attachment if necessary) E. V. Effective date, if other than the date of filing: 10/31/14 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) E. VI. Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an 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 penaltics 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	• • • • • • • • • • • • • • • • • • • •	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2