

Division of Corporations

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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

EFFECTIVE DATE 12-16-14

From:

Account Name : OSBORNE & OSBORNE, P.A.
 Account Number : I20000000119
 Phone : (561) 395-1000
 Fax Number : (561) 368-6930

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RIM2@OSBORNEPA.COM

**FLORIDA LIMITED LIABILITY CO.
 CIRCLE OF OCEAN HARBOUR, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

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DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
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SECRETARY OF STATE
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B. BOSTICK

DEC 17 2014

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ARTICLES OF ORGANIZATION FOR CIRCLE OF OCEAN HARBOUR, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

CIRCLE OF OCEAN HARBOUR, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

Mailing Address:

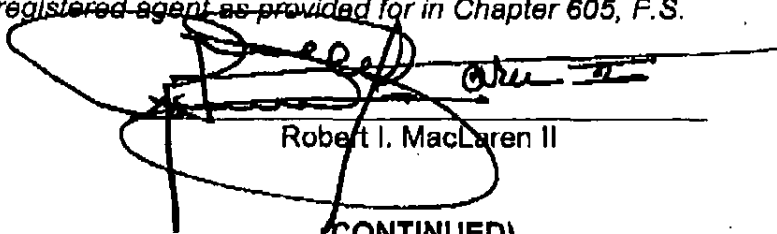
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

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

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

Robert I. MacLaren II
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

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.


Robert I. MacLaren II

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ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR
ADDRESS

DEBRA MICHIELS
293 MORROW LANE
ENGLEWOOD, NEW JERSEY 07631

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

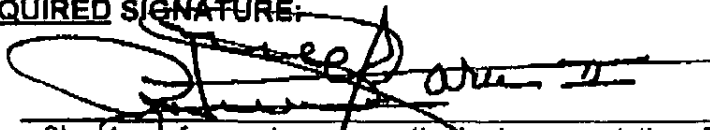
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ARTICLE V: Effective date is December 16, 2014

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

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 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 s.817.155, F.S.)

Robert I. MacLaren II

Typed or printed name of signee

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