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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000020379 3)))



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To:

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Division of Corporations

: (850)617-6383

From:

Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL

Account Number: 076376001447 Phone

: (561)832-5900

Fax Number

: (561)833-4209

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

Emmil Address:

FLORIDA LIMITED LIABILITY CO. OCP Trailside, LLC

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B. BOSTICK

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Electronic Filing Menu

Corporate Filing Menu

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RTICLE II - Addre	BS;			
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Principal Office Addr	<u>(688)</u>	<u>Malling Addras</u>	<u>r</u> i	
535 Madison Avenue			venue 6th Floor	
New York, New York	(10022	New York, New	York 10022	
The Limited Liability nother business entity	iered Agent, Registored O Company cannot serve as it with an active Fiorida regi de street address of the regi	s own Registered Agent. Y stration.)	Ps Signature: 'Ou must designate en individual c	or
	CT Compretion	_		
		Name		
	1200 S. Pine Island Ros Florida street address (P.C	nd #250 D. Box NOT acceptable)		
	Plantation.	FL 33324		
	City	Zip		
the place designates capacity. I further as	d in this cerificate, I hereby tree to comply with the provi yn familiar with and accept	accept the appointment as isions of all statutes relating	re above stated limited itability corregistered agent and agree to act is to the proper and complete perform as registered agent as provided Patricia Herrera Swan Assistant Secretary	n this rinance
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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.) Gary Walk, authorized representative Typed or printed name of signee Filing Fees:	orized Member cer O'Connor Management LLC 535 Madison Avenue 6th Floor New York New York 10022 if necessary) are, if other than the date of filing: cd, the date must be specific and cannot be more than five business days prior to or 90 day isions, if any. GNATURE: Signature of a member or an authorized representative of a member ordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document utes an affirmation under the penalties of perjury that the facts stated herein are true, were that any false information submitted in a document to the Department of State utes a third degree felony as provided for in s.817.155, F.S.) Gary Walk, authorized representative Typed or printed name of signee Filing Fees: Fee for Articles of Organization and Designation of Registered Agent load Copy (Optional) loade of Status (Optional)	ARTICLE IV- The name and address of each person at	H15000020379 3 uthorized to manage and control the Limited Liability Company:
(Use attachment if necessary) (Use attachment if necessary) LE V: Effective date, if other than the date of filling: (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 9th of filling.) LE 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 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.) Gary Walk, authorized representative Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	C'Connor Management LLC 536 Madison Avenue 5th Floor New York. New York 10022 if necessary) sie, if other than the date of filing: ed, the date must be specific and cannot be more than five business days prior to or 90 day isions, if any. GNATURE: Signature of a member or an authorized representative of a member. ordence with section 505.0203 (1) (b), Florida Statutes, the execution of this document utes an affirmation under the penalties of perjury that the facts stated herein are true, were that any false information submitted in a document to the Department of State utes a third degree felony as provided for in s.817.155, F.S.) Gary Walk, suthorized representative Typed or printed name of signee Filing Fees: Fee for Articles of Organization and Designation of Registered Agent Ind Copy (Optional) leate of Status (Optional)	Title: "AMBR" = Authorized Member	•
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