

L15000017045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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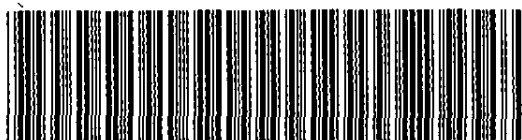
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

15 JAN 28 AM 11:19

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SUFFICIENCY OF FILING

FILED

2015 JAN 28 A 10:12

SECRETARY OF STATE
FALLS CHURCH, VA 22044

B. BOSTICK

JAN 29 2015

EXAMINER

ACCOUNT NO. : I20000000195

REFERENCE : 480465 83838A

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : January 28, 2015

ORDER TIME : 9:34 AM

ORDER NO. : 480465-005

CUSTOMER NO: 83838A

DOMESTIC FILING

NAME: PADDOCK PARK SC INVESTORS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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2015 JAN 28 A 10:13
SECRETARY OF STATE
HALLMARK BUILDING
TALLAHASSEE, FL 32310

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PADDOCK PARK SC INVESTORS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

422 East 72nd Street
New York, NY 10021

422 East 72nd Street
New York, NY 10021

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael B. Shapiro, Esq./Shapiro Blasi Wasserman,PA

Name

7777 Glades Rd, Ste 400

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL 33434

City

Zip

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..

By: 

Registered Agent's Signature (REQUIRED)

MICHAEL B. SHAPIRO, ESQ.

(CONTINUED)

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2015 JAN 28 A 10:13
STATE OF FLORIDA
CLERK OF THE COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

THOMAS H. SCHWARTZ

422 EAST 72nd STREET

NEW YORK, NY 10021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

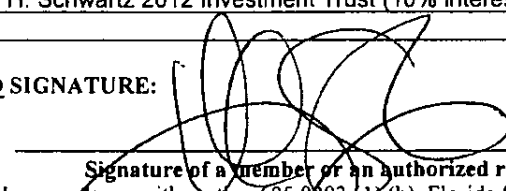
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

Members: Thomas H. Schwartz (90% interest)

Thomas H. Schwartz 2012 Investment Trust (10% interest)

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.)

Michael B. Shapiro, Esq.

Typed or printed name of signee

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)