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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Boodine (Vallibol))	
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SECRETARY OF STATE
TALLAHASSEF FIREST

3 Burch #EB - 5 2015

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 491976 4381615
AUTHORIZATION: Sypelle de man
COST LIMIT : \$ 125.00
ORDER DATE : February 5, 2015
ORDER TIME : 3:46 PM
ORDER NO. : 491976-005
CUSTOMER NO: 4381615
DOMESTIC FILING
NAME: 200 E. UNIVERSITY BLVD., 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:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:			
200 E. University B	vd., LLC Must end with the words "Limited	Liability Company, "L.L.	.C.," or "LLC.")	
ARTICLE II - Addre The mailing address an	ess: and street address of the principal of	fice of the Limited Liabil	lity Company is:	
Principal Office Add	ress: <u>Mailir</u>	ig Address:		
25 Washington St. Morristown, NJ 079	60	same as Principal O	office Address	
(The Limited Liability another business entity	tered Agent, Registered Office, & Company cannot serve as its own I with an active Florida registration ida street address of the registered a Corporation Service Company	Registered Agent. You mi		or On
	Name			
	1201 Hays Street		SSE	or I
	Florida street address (P.O. Box	NOT acceptable)		PI
	Tallahassee	FL 32301	FLO	و ر منت
	City	Zip	TATE ORID	in ham
the place designated capacity. I further ag	registered agent and to accept served in this certificate, I hereby accept tree to comply with the provisions of the obligation of the obligation of the complex of the obligation of the company of the components of the obligation of the components of the obligation of the components of the obligation of the obligatio	the appointment as registe f all statutes relating to the gations of my position as t r 605, F.S	ered agent and agree to act e proper and complete perfo	in this ormance I for in
	Ву:		Asst. Vice Preside	
	Registered Agent's Signatu	ire (REQUIRED)	च्या ४१५४४ । । ४४४ थि	r. • •

(CONTINUED)

Page 1 of 2

Γitle;	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Anthony Scotto
	25 Washington St.
	Morristown, NJ 07960
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Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be spetiling.) VI: Other provisions, if any.	of filing: 02/05/2015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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