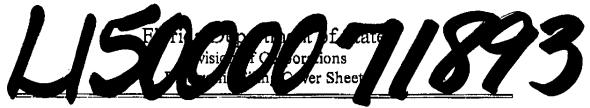
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To: # 9526312 Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850) 878-5368

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

mail Address:

APR 23 AH III:

FLORIDA LIMITED LIABILITY CO.

TIDELINE PROPERTIES, LLC

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

APR 24 2015 O. BRUCE American establishment of the second

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Tideline Properties, 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: 89375 Old Highway 89375 Old Highway Islamorada, Florida 33070 Islamorada, Florida 33070 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: Juan C. Villaveces Name 240 South Pineapple Avenue, 10th Floor Florida street address (P.O. Box NOT acceptable) Sarasota 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, E.S.

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Title; "AMBR" = Authorized Mem	Name and Address:	
"MGR" = Manager MGR	James I. Rothschild	
	1000 Jackson Street Toledo, Ohio 43804	•
		•
(Use attachment if necessary) LEV: Effective date, if other the date is listed, the date.	in the date of filing: (OPTIONAL)	n day
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LE V: Effective date, if other tifective date is listed, the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signate (In accordance with constitutes an affirm	to of a member or an authorized representative of a member. Section 605,0203 (1) (b), Florida Statutes, the execution of this document atlenuates the penalties of periory that the facts stated herein are true.	
LE V: Effective date, if other the fective date is listed, the date of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signate (In accordance with constitutes an affirm I am aware that any	re of a member or an authorized representative of a member. section 605,0203.(1)(b), Florida Statutes, the execution of this document atton under the penalties of perjury that the facts stated herein are trackable information submitted in a document to the Department of States gree felony as provided for in s.817.155, F.S.)	2815 APR 23
LE V: Effective date, if other the fective date is listed, the date of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signate (In accordance with constitutes an affirm I am aware that any	re of a member or an authorized representative of a member, section 605,0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are trace, also information submitted in a document to the Department of State in	Zata APR 2

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