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| (Requesto | or's Name) |
|--------------------------------|------------------------|
| (Address) | |
| (Address) | |
| (City/State | e/Zip/Phone #) |
| PICK-UP | WAIT / MAIL |
| (Business | Entity Name) |
| (Documen | nt Number) |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

| Phone: 850-558-1500 |
|---|
| ACCOUNT NO. : I2000000195 |
| REFERENCE: 677195 4307404 |
| AUTHORIZATION: Spelle was |
| COST LIMIT : \$ (1/25.00 |
| ORDER DATE : June 22, 2015 |
| ORDER TIME : 10:21 AM |
| ORDER NO.: 677195-005 |
| CUSTOMER NO: 4307404 |
| |
| DOMESTIC FILING |
| NAME: EE 1111 CENTRAL AVE HOLDING LLC |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP 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: |

COVER LETTER

| | egistration Division of C | Section orporations | | | |
|----------------------|------------------------------|---|-----------------|--|--|
| SUBJECT | | Central Ave Holding LLC | 2 | | |
| SOBJECT | ·• | Name of l | Limited Liabil | ity Company | |
| The enclos | sed Articles o | of Organization and fee(s) | are submitted | for filing. | |
| Please retu | ım all corres | pondence concerning this | matter to the f | ollowing: | |
| | Benjamin 2 | Zegarelli, Esq. | | | |
| | | | Name of | Person | |
| | Epstein Be | cker & Green | | | |
| | | | Firm/Co | mpany | |
| | 250 Park A | venue | | | |
| | | | Addre | ss | · · · · · · · · · · · · · · · · · · · |
| | New York, | New York 10177 | | | |
| | | | City/State and | Zip Code | |
| , | BZegarelli@ | Pebglaw.com | | | |
| | | E-mail address: (to be use | ed for future a | nnual report notificat | ion) |
| For further in | nformation c | oncerning this matter, plea | ase call: | | |
| | Benjamin Z | egarelli, Esq. | 212 | 351-4723 | |
| | Na | | Area Code | Daytime Telephon | e Number |
| Enclosed is | a check for | the following amount: | | | |
| ₽\$ 125.00 Fi | ling Fee | \$130.00 Filing Fee & Certificate of Status | Certifie | 0 Filing Fee & ed Copy al copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>Maili</u> | ng Address | <u> </u> | Street Address | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|----------|--------------|--|
| EE 1111 Central Ave Holding LLC | | | | |
| (Must end with the words "Limited Liability Co | mpany, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the L | imited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| c/o Corporations USA, LLC | c/o Corporations USA, LLC | | | |
| 341 Raven Circle | 341 Raven Circle |) (A | उ | |
| Wyoming, Delaware 19934 | Wyoming, Delaware 19934 | | HUL G | |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name | | | 122 PH 8: 20 | er and |
| 1201 Hays Street | | | | |
| Florida street address (P.O. Box) | NOT acceptable) | | | |
| Tallahassee FL | 32301 | | | |
| City State | Zip | | | |
| Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered Registered Agent's | egistered agent and agree to act in this capa proper and complete performance of my du- agent as provided for in Chapter 605, F.S COU Asst. Signature (REQUIRED) | icity. I | Willia | ams ident |

Page 1 of 2

| Title: "AMBR" = A | uthorized Member | Name and Address: | |
|--|--|--|--------------|
| "MGR" = Ma | nager | n . n | |
| MGR | | Eastman Equity Holding LLC | |
| | | c/o Corporations USA, LLC, 341 Raven Circle Wyoming, Delaware 19934 | |
| | | wyoming, Delaware 19934 | |
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| CLE V: Effective | ent if necessary) e date, if other than the date of isted, the date must be specified. | filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days a | after |
| CLE V: Effective effective date is a the of filing.) If the date inser- cument's effective | e date, if other than the date of isted, the date must be specified in this block does not mee to date on the Department of S | fic and cannot be more than five business days prior to or 90 days a at the applicable statutory filing requirements, this date will not be lis | |
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| CLE V: Effective effective date is a set of filing.) If the date insercument's effective effecti | e date, if other than the date of isted, the date must be specified in this block does not mee to date on the Department of Strovisions, if any. SIGNATURE: Signature of a memb (In accordance with section constitutes an affirmation up | the applicable statutory filing requirements, this date will not be list state's records. State's records. Deep or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. | |
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