1500210123

(Re	equestor's Name)	
(Ad	ldress)	
·	·	
/ ^ ~	ldress)	
(Au	uiess)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
/Ω	siness Entity Nam)a)
(Du	isiness Entity Nan	l e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





700280130877

DEPARTHENT OF STATE

DEC 22 PH I2: 59

DEC 22 2015 T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/22/15

NAME:

EEP HOLDINGS, LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
EEP Holdings, LLC (Must end wi	th the words "Limit	ed Liability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Limited Lia	ibility Company is:
<u>Principal</u>	Office Address:		Mailing Address:
225 NE Mizner Blvd, Boca Raton, FL 33433			
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its ov tive Florida registra	vn Registered Agent. You tion.)	
• • • • • • • • • • • • • • • • • • • •	_	-	
	NRAI Services, In	Name	
	1200 South Pine Is Florida street addr	sland Road ess (P.O. Box <u>NOT</u> acce	ptable)

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED).

Page 1 of 2

March Selection State

	Authorized Member	Name and Address:
"MGR" = M MGR	ianager	Boca Season 52 2300, Inc.
177.07.0		225 NE Mizner Blvd, Suite 610
		Boca Raton, FL 33432
-		
<i>(</i> 11 1	nent if necessary)	
(000	,	
e of filing.) If the date ins	erted in this block d	oes not meet the applicable statutory filing requirements, this date will not be
e of filing.) If the date instrument's effec	erted in this block d	
e of filing.) If the date inscument's effec	erted in this block date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be l
e of filing.) If the date instrument's effective CLE VI: Other	erted in this block date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be l
e of filing.) If the date instrument's effective CLE VI: Other	erted in this block dive date on the Dep provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be lartment of State's records. May Pana
e of filing.) If the date instrument's effective Other	erted in this block dive date on the Dep provisions, if any. Q SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be lartment of State's records. May Paya e of a member or an authorized representative of a member.
e of filing.) If the date instrument's effective Other	provisions, if any. 2 SIGNATURE: Signature This document	oes not meet the applicable statutory filing requirements, this date will not be lartment of State's records. May Pay of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
e of filing.) If the date instrument's effective Other	provisions, if any. 2 SIGNATURE: Signature This document I am aware that	coes not meet the applicable statutory filing requirements, this date will not be leartment of State's records. May Formula and the statutory filing requirements, this date will not be leartment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s. 817.155. F.S.
e of filing.) If the date instrument's effective Other	provisions, if any. 2 SIGNATURE: Signature This document I am aware that	coes not meet the applicable statutory filing requirements, this date will not be leartment of State's records. May Formula and the statutory filing requirements, this date will not be leartment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s. 817.155. F.S.
e of filing.) If the date instrument's effective CLE VI: Other	provisions, if any. 2 SIGNATURE: Signature This document I am aware that	coes not meet the applicable statutory filing requirements, this date will not be leartment of State's records. May Formula and the statutory filing requirements, this date will not be leartment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s. 817.155. F.S.
e of filing.) If the date instrument's effective Other	provisions, if any. 2 SIGNATURE: Signature This document I am aware that	May Pais Athorized Representative of a member. Typed or printed name of signee
e of filing.) If the date instrument's effect. LE VI: Other REOUIRE	provisions, if any. D SIGNATURE: Signature This document I am aware that constitutes a thi	artment of State's records. May Paris Athorized Representative of a member. Typed or printed name of signee Filing Fees:
e of filing.) If the date insument's effect LE VI: Other REOUIRE	provisions, if any. D SIGNATURE: Signature This document I am aware that constitutes a thi	artment of State's records. May Pais Athorized Representative of a member. Typed or printed name of signee Filing Fees; es of Organization and Designation of Registered Agent
e of filing.) If the date instrument's effect LE VI: Other REOUIRE \$125.00 F \$ 30.00 C	provisions, if any. D SIGNATURE: Signature This document I am aware that constitutes a thi	artment of State's records. May Pais Athorized Representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S. May Pais Athorized Representative Typed or printed name of signee Filing Fees: es of Organization and Designation of Registered Agent ional)

ARTICLE IV-

Page 2 of 2