

L16 000056844 **SECOND**

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

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

Email Address: RRABIN@PENNFLOIDA.COM

16 MAR 22 PM 1:46

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Via Mizner Mezz III, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

MAR 23 2016

F. SCOTT

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
VIA MIZNER MEZZ III, LLC**

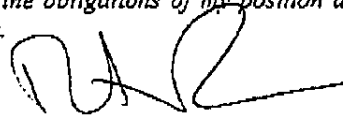
ARTICLE I – NAME: The name of the limited liability company is VIA MIZNER MEZZ III, LLC (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 1515 North Federal Highway, Suite 306, Boca Raton, Florida 33432. The street address of the principal office of the Company is 1515 North Federal Highway, Suite 306, Boca Raton, Florida 33432.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Robert Rabin
1515 North Federal Highway, Suite 306
Boca Raton, Florida 33432

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 in Chapter 605, Florida Statutes.



Robert Rabin -- Registered Agent's Signature

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|--|
| Manager | Mark A. Gensheimer 1515 North Federal Highway, Suite 306 Boca Raton, Florida 33432 |

[Signature on following page]

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read 'Mark A. Gensheimer', written over a horizontal line.

Mark A. Gensheimer, Authorized Person

(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.)