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| | 10: | Division of Corpo | | | | <i>y</i> |
|---|-----------------------|-----------------------------------|---|--------------------|--|--|
| Ţ | SUBJEC | 14938 NW 31 | 4th Street, LLC | | | |
| | SOBJEC | Name of Limited Liability Company | | | | |
| | The encl | osed Articles of Or | ganization and fe | e(s) are submitte | ed for filing. | |
| | Please re | turn all correspond | ence concerning (| this matter to the | e following: | |
| | | Jennifer L. Stric | kland, Paralegal | | | |
| | | | | Name o | of Person | . |
| | | Mark A. Perry, | PA | | | |
| | | | · | Firm/C | Company | |
| | | 88 NE 5th | Avenue | | | |
| | | | | Ado | dress | |
| | | Delray Beach, F | L 33483 | | | |
| | | | | • | and Zip Code | |
| | | | rangelandsc | | | |
| | | E-m | ail address: (to b | e used for future | annual report notification | tion) |
|] | For furthe | information conce | rning this matter, | , please call: | | |
| | | Jennifer L. Strick | tland | 561 at (| 276-4146 | |
| | | Name o | Person | Area Code | Daytime Telephor | ne Number |
| | Enclosed | is a check for the t | ollowing amount | : | | |
| |] ^{\$125.00} | | 130.00 Filing Fo Certificate of Stat | tus LLCerti | .00 Filing Fee & fied Copy and copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing A | ddress | | Street Address | |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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: | |
|---|---|
| 14938 NW 314th Street, LLC | |
| (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal offi Principal Office Address: | ce of the Limited Liability Company is: Mailing Address: |
| | |
| 14938 NW 314th Street | 8201 96th Court |

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

| Mark A. Perry, Esq. | | |
|-----------------------|---------------------|----------|
| | Name | -1 |
| 88 NE 5th Ave | nue | |
| Florida street addres | s (P.O. Box NOT acc | eptable) |
| Delray Beach | Florida | 33483 |
| City | State | 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| | DT | 101 | | TT 7 | |
|---|----|--------|------|-------------|---|
| А | КI | JC . I | L.P. | IV- | ٠ |

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: | | Name and Address: |
|--|---|---|
| | uthorized Member | |
| "MGR" = Ma MGR | nager | Jeffrey S. Galit |
| INCIC | | 8201 96th Court South |
| | | Boynton Beach, FL 33472-4405 |
| | | Boyllon Beach, FL 33472*4403 |
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| (Use attachme | ent if necessary) | |
| If an effective date is I he date of filing.) Note: If the date insert | isted, the date must be specific attending this block does not meet the date on the Department of Sta | and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed the statutory filing requirements. |
| | OVISIONS, II uniy. | |
| REQUIRED | SIGNATURE: | what |
| | This document is executed in I am aware that any false infor | or ar authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. ination submitted in a document to the Department of State by as provided for in s.817.155, F.S. |
| | IPPEDENC CALT | |
| | JEFFREY S. GALIT | and an animal name of siness |
| | 1 ур | ped or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)