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| ☐ PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|---|
| S&GP Properties South, LLC (Must end with the words "Limited Liabil | ity Company "LLC " or "LLC") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | |
| Principal Office Address: | Mailing Address: |
| 328 Windsor Lane, # 3 | 1 Elm Court |
| Key West, FL 33040 | Medford, NJ 08055 |
| ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) | ered Agent. You must designate an individual or |
| The name and the Florida street address of the registered agent | are: |
| Prentice M. Piltin | |

Florida street address (P.O. Box NOT acceptable)

Boynton Beach Florida 33437

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..

Name

(CONTINUED)

Page 1 of 2

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TALL ARANGE, FOR STATE

| | Title: "AMBR" = Authorized Member "MGR" = Manager AMBR | Name and Address: | | |
|------------|--|---|--|--|
| | | Stanley B. Piltin | | |
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| | | Medford, NJ 08055 | | |
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| | (Use attachment if necessary) | | | |
| ΓIC | LE V: Effective date, if other than the date to the date is listed, the date must be | ate of filing: May 4, 2016 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after | | |
| | of filing.) | specific and cannot be more than five business days prior to or 90 days after | | |
| <u>te:</u> | If the date inserted in this block does no | ot meet the applicable statutory filing requirements, this date will not be listed a | | |
| doc | ument's effective date on the Department | ent of State's records. | | |
| | LE VI: Other provisions, if any. | | | |
| TIC | | | | |

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Stanley B. Piltin

Typed 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)

MMY-5 PH 2: 1:

ALL / NAISSEE, TO ORIDA