

05/18/2016 08:32 FAX 941 745 093

BLALOCK, WALTERS, HELD & JOHNSON, P.A.

001/004

5/17/2016

**L1600094045**

Florida Department of State  
Division of Corporations  
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Account Number : 076666003611  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: epennington@blalockwalters.com

**FLORIDA LIMITED LIABILITY CO.**  
**Cortez/34th St., LLC**

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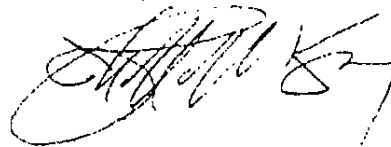
Florida Secretary of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314  
Fax: (850) 617-6381

VIA FAX

To Whom It May Concern:

Please find enclosed the Articles of Organization for CORTEZ/34<sup>TH</sup> ST., LLC. As a general partner of "CORTEZ/34<sup>TH</sup> ST., LLLP", (document #A16000000232), I waive the issue of the non-distinguishable name and ask that you file the enclosed Articles.

Sincerely,

A handwritten signature in black ink, appearing to read "John McKay", with a stylized flourish at the end.

John McKay  
General Partner of Cortez/34<sup>th</sup> St.,  
LLLP

Manager of Cortez/34<sup>th</sup> St., LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Cortez/34th St., LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:1001 3rd Avenue W., Suite 600  
Bradenton, FL 34205Mailing Address:1001 3rd Avenue W., Suite 600  
Bradenton, FL 34205

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Blalock Walters, P.A.

Name

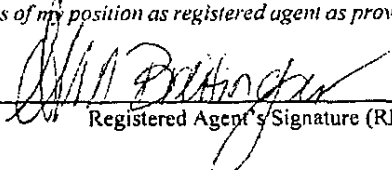
802 11th Street WestFlorida street address (P.O. Box **NOT** acceptable)BradentonFL34205

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)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

John McKay

1001 3rd Avenue W., Suite 600

Bradenton, FL 34205

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

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.

John McKay, Manager

Typed or printed name of signer

**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)

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