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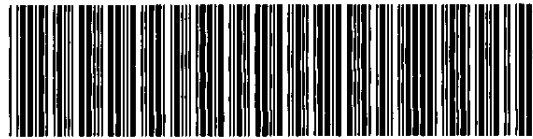
(Business Entity Name)

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Date: 6-23-16

ENTITY NAME:

DEER GROVE I, L.L.C.

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 125<sup>-</sup>

CHECK NUMBER: 2613

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the Limited Liability Company is:

DEER GROVE I, L. L. C.

**ARTICLE II ADDRESS**

The principal address of the Limited Liability Company is:

1234 ALHAMBRA CIRCLE  
CORAL GABLES, FLORIDA 33134

The mailing address of the Limited Liability Company is:


PO BOX 141798  
CORAL GABLES, FLORIDA 33114

**ARTICLE III REGISTERED AGENT**

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

HAROLD CHOPP, ESQ.  
4779 COLLINS AVENUE #4101  
MIAMI BEACH, FLORIDA 33140

*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.*

X   
HAROLD CHOPP, ESQ. / Registered Agent's signature

PAGE 2 DEER GROVE I, L. L. C.

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

EDWARD C GELBER

PO BOX 141798

CORAL GABLES, FLORIDA 33114

AUTHORIZED MEMBER

LAURA JEAN GELBER

PO BOX 141798

CORAL GABLES, FLORIDA 33114

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TALLAHASSEE FLORIDA

x Laura Jean Gelber  
LAURA JEAN GELBER / Authorized Representative's signature

*(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.).*