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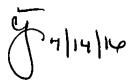
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16 JUL 13 PM 3: 56

RENTED STATES



Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT : \$ 125.00 ORDER DATE: July 13, 2016 ORDER TIME : 3:11 PM ORDER NO. : 214571-005 CUSTOMER NO: 4801730 DOMESTIC FILING NAME: BISCAYNE BOULEVARD PROPERTY OWNER, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

CORPORATION SERVICE COMPANY

1201 Hays Street

## **COVER LETTER**

FILED

16 JUL 13 AH 9:18

Registration Section
Division of Corporations

TO:

Biscayne Boulevard Property Owner, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$125.00 Filing Fee \$130.00 Filing Fec & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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:				FILED
The name of the Limited Liability	Company is:			46 111 16 11 6 16
				16 JUL 13 AH 9: 18:
Biscayne Boulevard F	roperty Owner, LLC			CO COTACY CONTACT
	vith the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	TALESPALISE, FLOSOA
ARTICLE II - Address:			,	
The mailing address and street ad	ldress of the principal of	fice of the Limited 1	Liability Company is:	•
			• • •	
<u>Principa</u>	d Office Address:		Mailing Add	<u>ress</u> :
c/o Bryan Cave LLP		,	<u> </u>	·
1290 Avenue of the A	mericas			
New York, NY; Attn	: M. Serure			
another business entity with an a	-	l agent are: Company		· .
,		Name		
	1201 Hays Street			
	Florida street addres	s (P.O. Box NOT a	cceptable)	
	Tallahassee, FL 3230	01		•
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	, I hereby accept the approvisions of all statutes to bligations of my position Corporation Seas.  By:	pointment as register relating to the proper as registered agent rvice Company M. J.	ed agent and agree to ac r and complete performa as provided for in Chapt	et in this capacity. I nce of my duties, and I
		(CONTINUED)		

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u> </u>	
(Use attachment if necessary)	
fective date is listed, the date must be specific of filing.)  f the date inscrted in this block does not meet ament's effective date on the Department of States.	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
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