

AUG-02-2016 10:40AM

FROM GREENBERG TRAUER & BOCA

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENBERG TRAUER (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SFISHER@PALMBEACHRP.COM

FLORIDA LIMITED LIABILITY CO.

Bolay Clint Moore, LLC

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
BOLAY CLINT MOORE, LLC**

ARTICLE I – NAME: The name of the limited liability company is:

BOLAY CLINT MOORE, LLC

(the "Company").


ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 625 North Flagler Drive, Suite 402, West Palm Beach FL 33401. The street address of the principal office of the Company is 625 North Flagler Drive, Suite 402, West Palm Beach FL 33401.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 in Chapter 605, Florida Statutes.

CT Corporation System

By: 
Name: Angel Nunez
Title: Assistant Secretary

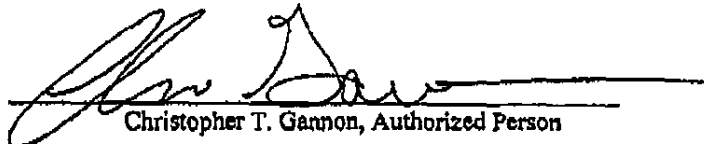
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ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Christopher T. Gannon 625 North Flagler Drive, Suite 402 West Palm Beach FL 33401

REQUIRED SIGNATURE:


Christopher T. Gannon, Authorized Person

(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.)

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