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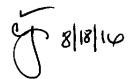
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 257414 7704032 AUTHORIZATION : COST LIMIT : (\$ ORDER DATE : August 17, 2016 ORDER TIME : 12:09 PM ORDER NO. : 257414-015 CUSTOMER NO: 7704032 DOMESTIC FILING NAME: SL FAIRFAX CENTER LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

## **COVER LETTER**

SL Fairfax Center LLC						
Name of L	imited Liabilit	y Company				
sed Articles of Organization and fee(s)	are submitted (	for filing.				
irn all correspondence concerning this	matter to the fo	llowing:				
David J. Ritter, Jr., Esq.						
	Name of I	Person		_		
c/o Brach Eichler L.L.C.						
	Firm/Cor	npany		_		
101 Eisenhower Parkway						
	Addre			_		
Roseland, New Jersey 07068		-				
dxritter@bracheichler.com	City/State and	Zip Code		<b>-</b>		
	ed for future as	nual report notificatio	n)			
information concerning this matter, ple	ase call:					
David J. Ritter, Jr., Esq.	973	228-5700				
Name of Person	Area Code	Daytime Telephone	Number			
s a check for the following amount:						
Filing Fee & Certificate of Status	Certific	d Copy	Certified Copy			
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	; ;	New Filing Section Division of Corporatio Clifton Building	Circle	·	<b>16</b> 896 17	
	David J. Ritter, Jr., Esq.  c/o Brach Eichler L.L.C.  101 Eisenhower Parkway  Roseland, New Jersey 07068  dxritter@bracheichler.com  E-mail address: (to be us information concerning this matter, ple David J. Ritter, Jr., Esq.  Name of Person  is a check for the following amount:  filing Fee S130.00 Filing Fee & Certificate of Status  Mailing Address New Filing Section Division of Corporations P.O. Box 6327	David J. Ritter, Jr., Esq.  Name of it  c/o Brach Eichler L.L.C.  Firm/Con  101 Eisenhower Parkway  Addre  Roseland, New Jersey 07068  City/State and dxritter@bracheichler.com  E-mail address: (to be used for future and information concerning this matter, please call:  David J. Ritter, Jr., Esq.  Name of Person  Area Code  is a check for the following amount:  Citing Fee  S130.00 Filing Fee & S155.00  Certificate of Status  Mailing Address  New Filing Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Name of Person  c/o Brach Eichler L.L.C.  Firm/Company  101 Eisenhower Parkway  Address  Roseland, New Jersey 07068  City/State and Zip Code dxritter@bracheichler.com  E-mail address: (to be used for future annual report notification information concerning this matter, please call:  David J. Ritter, Jr., Esq.  Name of Person  Name of Person  Area Code  Daytime Telephone  is a check for the following amount:  Citing Fee  S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2661 Executive Center	Name of Person  c/o Brach Eichler L.L.C.  Firm/Company  101 Eisenhower Parkway  Address  Roseland, New Jersey 07068  City/State and Zip Code dxritter@bracheichler.com  E-mail address: (to be used for future annual report notification) information concerning this matter, please call:  David J. Ritter. Jr., Esq.  Name of Person  Area Code  Daytime Telephone Number  is a check for the following amount: Citing Fee  Certificate of Status  Certificate of Status  Area Code  Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, Fl. 32314  Zefol Executive Center Circle	David J. Ritter. Jr., Esq.  Name of Person  c/o Brach Eichler L.L.C.  Firm/Company  101 Eisenhower Parkway  Address  Roseland, New Jersey 07068  City/State and Zip Code dxritter@bracheichler.com  E-mail address: (to be used for future annual report notification) information concerning this matter, please call:  David J. Ritter. Jr., Esq.  P73  Area Code  Daytime Telephone Number  s a check for the following amount: Filing Fee  S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address  New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314  Street Address  New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314  Cefol Executive Center Circle	David J. Ritter, Jr., Esq.  Name of Person  c/o Bruch Eichler L.L.C.  Firm/Company  101 Eisenhower Parkway  Address  Roseland, New Jersey 07068  City/State and Zip Code dxritter@bracheichler.com  E-mail address: (to be used for future annual report notification) information concerning this matter, please call:  David J. Ritter, Jr., Esq.  Part Code  Area Code  Daytime Telephone Number  is a check for the following amount: Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Maiting Address  New Filing Section Division of Corporations P.O. Box 6327  Tallabasees El. 32314  2661 Escentive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLESOF	ORGANIZATION OR DOL	don La milla La tolla i i Comina i		•			
ARTICLE I - Name:			16	AUG	1.7	M	8: 58
The name of the Limited Liability	Company is:						
St. Fairfax Center LL	С			· .	•		. •
(Must end w	ith the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address:							11/4.
The mailing address and street ad	dress of the principal office	of the Limited Liability Company is:					
<u>Principa</u>	l Office Address:	Mailing Address	:				
2875 South Ocean Bl	vd	2875 South Ocean Blvd.					
Palm Beach, Florida		Palm Beach, Florida 33480					
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an ac	cannot serve as its own Regi	egistered Agent's Signature: istered Agent. You must designate an indivi	dual o	r			
The name and the Florida street a	ddress of the registered ager	nt are:					
	Brent G. Wolmer						
	Nai	me					
	712 US Highway One, St	e. 400					
	Florida street address (P.C	D. Box <u>NOT</u> acceptable)					
	North Palm Beach, Florid	a 33408					

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.

State

Registered Agent's Signature (REQUIRED)

Zip

Brent G. Wolmer

City

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	r
MGR - Wanager	Kenneth Silverman
	788 Morris Tumpike
	Short Hills, New Jersey 07078
· · · · · · · · · · · · · · · · · · ·	·
(Use attachment if necessary)	
	n the date of filing:
ment's effective date on the De	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
E V1: Other provisions, if any.	partment of State's records.
E V1: Other provisions, if any.	partment of State's records.
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REQUIRED SIGNATURE:  Signatur This document I am aware that constitutes a th	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE:  Signatur This document I am aware that constitutes a th	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State
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E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur This document I am aware that constitutes a the David J  S125.00 Filing Fee for Articles	partment of State's records.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S.  Ritter, Jr., Esq., Authorized Representative  Typed or printed name of signee  Filing Fees:  Les of Organization and Designation of Registered Agent intional)
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