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To:

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

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954) 467-2200
Fax Number : (954) 467-2210

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

Email Address: joehirz@gmail.com

**FLORIDA LIMITED LIABILITY CO.
ISLE OF PALMS 332 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ISLE OF PALMS 332 LLC**

The undersigned, as the authorized representative of the initial member(s) of **ISLE OF PALMS 332 LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I
COMPANY NAME**

The name of the Company is **ISLE OF PALMS 332 LLC**.

**ARTICLE II
MANAGEMENT**

The Company will be a manager managed company. The initial manager is Josef Hirzinger.

**ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

The mailing address, the street address and e-mail address of the principal office of the Company is:

500 N. Andrews Avenue
Fort Lauderdale, Florida 33301
email: joehirz@gmail.com

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ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue, Suite 1000
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 22 day of September, 2016.



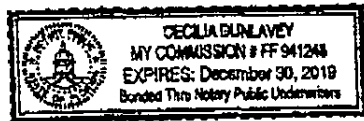
CONRAD J. BOYLE

(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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STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 22 day of September, 2016, by
CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida
driver's license as identification.



Cecilia Dunlavy
Notary Public - State of Florida
My Commission Expires:
Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 22 day of September, 2016.

CONRAD J. BOYLE

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