

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREENBERG TRAURIG (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 5 Investors, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

16 SEP 29 AM 10:14

REGISTRATION
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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
BOLAY 5 INVESTORS, LLC**

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

BOLAY 5 INVESTORS, 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:

Sheryl Fisher
625 North Flagler Drive, Suite 402
West Palm Beach, FL 33401

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.


Sheryl Fisher

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

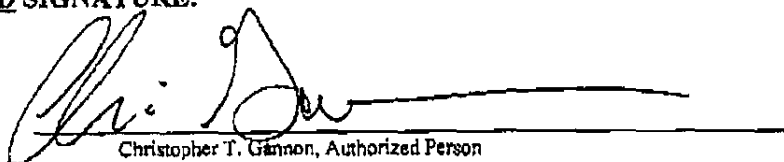
<u>Title</u>	<u>Name and Address</u>
Manager	Christopher T. Gannon 625 North Flagler Drive, Suite 402 West Palm Beach, FL 33401

[Signature on following page]

16 SEP 29 AM 6:23

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REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Chris Gannon", is written over a horizontal line. The signature is fluid and cursive.

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.)