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C. GOLDEN NOV 1 5 2016

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 3,68924 COST LIMIT : \$ 160.00 ORDER DATE: November 14, 2016 ORDER TIME : 1:06 PM ORDER NO. : 368924-005 CUSTOMER NO: 4313323 DOMESTIC FILING NAME: 34 WAKEMAN HILL ROAD, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

CORPORATION SERVICE COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 16 807 16 PH 1:59

Asst. Vice President

ARTICLE I - Name:				10 1.07
he name of the Limited Li	ability Company is:			
ic name of the Emilion E	nonity company is:			
	34 Wakenn	an Hill Road, LL	c	
(Must	end with the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and str	eet address of the principal of	ffice of the Limite	ed Liability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Addres	<u>s</u> :
c/o Philip B. Ko	orsant	<u>L</u> (ong Light Capital, LLC, Jane	F. Dasher
107 Andros Roa			0 Park Avenne, 22nd Floor	
Key Largo, FL	33037	No.	w York, NY 10022	
he name and the Florida st	treet address of the registered	J		
	Corporation Service	Name		
•		, ,,,,,,,		
	1201 Hays Street			
	Florida street address	s (P.O. Box <u>NO</u> I	acceptable)	
	Tallahassee, FL 3230	11		
		State	Zip	
	City	State	s.ib	
ice designated in this certif Ther agree to comply with t	City ered agent and to accept servi licate, I herehy accept the appo the provisions of all statutes re the obligations of my position t	ice of process for t ointment as regist clating to the prop	he above stated limited liabili ered agent and agree to act in er and complete performance	this capacity. I of nry duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized N	
"MGR" = Manager	
AMBR/MGR	Philip B. Korsant
	107 Andros Road
	Kcy Largo, FL 33037
Use attachment if necess	nrv)
ctive date is listed, the di f filing.)	
ctive date is listed, the di f filing.) the date inserted in this b ment's effective date on th	tte must be specific and cannot be more than five business days prior to or 9 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
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