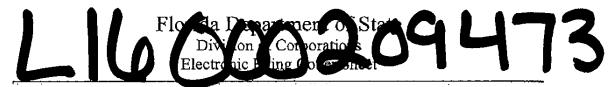
11/16/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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|       | Division of Cor | porations                               | Tin            | ~        |
|       | Fax Number      | : (850)617-6381                         |                | ~        |
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| From: |                 |   | :17 -≺         | _        |
|       | Account Name    | : EXPRESS CORPORATE FILING SERVICE INC. | m <sub>D</sub> | ъ        |
|       | Account Number  | · T2000000146                           | 77             | 5        |
|       |                 |   |                |          |
|       | Phone           | : (303)444-4994                         | C ;            | ö        |
|       | Fax Number      | : (305)444-4977                         | <del>カン</del>  | _        |
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\*\*Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.\*\*

| Email Address: |
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## FLORIDA LIMITED LIABILITY CO. TRINITY HOMES OF COCONUT GROVE, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |
|                       |          |

Electronic Filing Menu

Corporate Filing Menu

Help

11-17

143

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |                       |
|--|--|-----------------------|
| Trinity Homes of Coconut   | : Grove, LLC   |                       |
| (Must end with the words "Lin  | imited Liability Company, "L.L.C.," or "LLC.")   |                       |
| ARTICLE II - Address: The mailing address and street address of the principal control of the pri | ipal office of the Limited Liability Company is:   |                       |
| Principal Office Address:  | Mailing Address:   |                       |
| 717 Ponce de Leon Blvd<br>Suite 324<br>Coral Gables, FL 33134  | 717 Ponce de Leon Blvd Suite 324 Coral Gables, FL 33134  |                       |
| ARTICLE III - Registered Agent, Registered Off   | ffice, & Registered Agent's Signature:<br>s own Registered Agent. You must designate an individual   | l or                  |
| The name and the Florida street address of the regis   | stered agent are:  | NON                   |
| Metronomic Ho  | oldings, LLC   | - ;                   |
| У  | Name ring ring ring ring ring ring ring ring   | _ i                   |
|  | COM/ Bares SET   | 至 厂                   |
| Florida street address (P.O.   |  | က် 🛴                  |
| Coral Gables   |  | ę.                    |
| City   | Zip  |                       |
| the place designated in this certificate, I hereby a capacity. I further agree to comply with the provist of my duties, and I am familiar with and accept the  | ept service of process for the above stated limited liability of accept the appointment as registered agent and agree to accept the appointment as registered agent and complete perjible obligations of my position as registered agent as provide Chapter 605, F.S  Signature (REQUIRED) | t in this<br>formance |
| (CONT  | TINUED)  |                       |

Page 1 of 2

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  | <del>- 12</del>  |
| "MGR" - Manager   |  |
|   | Metronomic Holdings, LLC   |
| MGR   | 717 Ponce de Leon, Suite 324   |
|   | Coral Gables, FL 33134   |
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| ective date is listed, the date must be s f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  | te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 9  |
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