

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L16000223908  
FILED 8:00 AM  
December 12, 2016  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:  
SCHELANE MONTCLAIR, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1500 WESTON ROAD  
200-24  
WESTON, FL. 33326

The mailing address of the Limited Liability Company is:  
1500 WESTON ROAD  
200-24  
WESTON, FL. 33326

**Article III**

The name and Florida street address of the registered agent is:  
SCOTT ARENBERG  
1500 WESTON ROAD  
200-24  
WESTON, FL. 33326

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.

Registered Agent Signature: SCOTT ARENBERG

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
SCOTT ARENBERG  
1500 WESTON ROAD  
WESTON, FL. 33326

Title: AMBR  
HERSCHEL ARENBERG REVOCABLE TRUST  
5889 NW 23RD TERRACE  
BOCA RATON, FL. 33496

Title: AMBR  
ELAYNE ARENBERG REVOCABLE TRUST  
5889 NW 23RD TERRACE  
BOCA RATON, FL. 33496

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Signature of member or an authorized representative

Electronic Signature: PAUL LABINER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.