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C. GOLDEN FEB 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Melissa Zender - EXT.

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 515613 4336482 AUTHORIZATION MILES COST LIMIT : ORDER DATE: February 17, 2017 ORDER TIME : 3:55 PM ORDER NO. : 515613-035 CUSTOMER NO: 4336482 DOMESTIC_FILING NAME: COLONY MOBILE UNITS LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

COVER LETTER

2817 FED 17 E., S: 29

. NEM, - :

SUBJECT:	Colony Mobile Units LLC	1.1				
oobobe ti	Name of Limited Liability Company					
The enclosed	d Articles of Organization and fee(s) are submitted for filing.					
Please return	all correspondence concerning this matter to the following:					
}	Robyn Tuerk, Esq.					
_	Name of Person					
1	Philips International					
_	Firm/Company					
;	295 Madison Avenue, 2nd Floor					
_	Address					
1	New York, New York 10017					
rti	City/State and Zip Code uerk@pihc.com					
	E-mail address: (to be used for future annual report notification)					
or further inf	ormation concerning this matter, please call:					
R	Cobyn Tuerk 212 951-3801					
	Name of Person Area Code Daytime Telephone Number	r				
Enclosed is a	check for the following amount:					
]\$125.00 Filii	Certificate of Status — Certified Copy — Certified Copy (additional copy is enclosed) Certi	.00 Filing Fee, ificate of Status & fied Copy onal copy is enclo				

Mailing Address

TO:

Registration Section
Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabil	ity Company is:			2317 FE3 17	9: 29
Colox (Must cor	y Mobile	Units Liability Company,	L_L_C_ "I.L.C.," or "LLC.")	<u>.</u>	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Addres	<u>s</u> :	
295 Madison Avenu	295	295 Madison Avenue, 2nd Floor			
New York, New York 10017			York, New York 10017	·	
(The Limited Liability Compan another business entity with an The name and the Florida street	active Florida registration	n.) I agent are:	_		
	Conjonation Service	Name			
	1201 11 01				
	1201 Hays Street Florida street addres	s (P.O. Boy NOT a	ccentable)		
		`	• /		
	Tallahassee	FL	32301		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the apported in a population of all statutes re	ointment as register clating to the proper	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I	
	Corporation Servi	ce Company	Meiis	sa Zender	
	By: Regist	ered Agent's Signal	Asst. Vi	ice President	
		(CONTINUED)			
		D1-M			

Page 1 of 2

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	military management
MGR	Philip Pilevsky
	295 Madison Avenue, 2nd Floor
	New York, New York 10017
MGR	Seth Pilevsky
	295 Madison Avenue, 2nd Floor
	New York, New York 10017
MGR	Michael Pilevsky
	295 Madison Avenue, 2nd Floor
	New York, New York 10017
1400	0. 41
MGR	Scott Massey
	2020 Ponce De Leon Boulevard Suite 1005-A
	Coral Gables, Florida 33134
(Use attachment if necessary)	
CLEV: Effective date, if other than the da	ate of filing: (OPTIONAL)
effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days
te of filing.)	
	ot meet the applicable statutory filing requirements, this date will not be lis
ocument's effective date on the Departme	nt of State's records.
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robyn Tuerk

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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