

2/23/2017

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
Central Grove Member Holdings Parent, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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FEB 24 2017

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Help

ARTICLES OF ORGANIZATION

CENTRAL GROVE MEMBER HOLDINGS PARENT, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

CENTRAL GROVE MEMBER HOLDINGS PARENT, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

2665 South Bayshore Drive
Suite 1020
Coconut Grove, Florida 33133

and, the mailing address of the Limited Liability Company shall be:

P.O. Box 330609
Miami, Florida 33233

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324


ARTICLE IV MANAGEMENT

The Company is a manager-managed limited liability company for purposes of the Florida Revised Limited Liability Company Act and its manager(s) shall be appointed and serve in accordance with the terms and conditions set forth in the Company's operating agreement, as the same may be amended from time to time.

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These Articles of Organization have been executed as of the 23rd day of February, 2017.



Jack M. Maag
"AUTHORIZED REPRESENTATIVE"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

CENTRAL GROVE MEMBER HOLDINGS PARENT, LLC
2. The name and the Florida street address of the registered agent are:

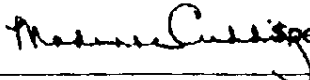
NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

Date: February 23, 2017

By: _____

 Madonna Cuddihy
Special Assistant Secretary

"REGISTERED AGENT"