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Division of Corporation

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6361

From:

Account Name : KATZ, BARRON, SQUITERO AND FAUST
Account Number : 072627002473
Phone : (305) 856-2444
Fax Number : (305) 285-9227

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

Email Address: deconomos@economosproperties.com

FLORIDA LIMITED LIABILITY CO.

Rosalind Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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FEB 28 2017

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rosalind Partners, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:c/o Katz Barron - Attn: Howard Friedberg
2699 South Bayshore Drive, 7th Floor
Miami, FL 33133-54084000 N. Federal Highway
Suite 206
Boca Raton, FL 33431

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corpeo, Inc.

Name

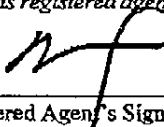
2699 South Bayshore Drive, Seventh FloorFlorida street address (P.O. Box **NOT** acceptable)MiamiFL33133-5408

City

State

Zip

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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

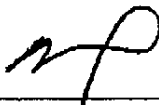
"MGR" = Manager

MGR**Name and Address:**Nicholas Economos4000 N. Federal Highway, Suite 206Boca Raton, FL 33431MGRNicholas Economos, Jr.4000 N. Federal Highway, Suite 206Boca Raton, FL 33431MGRStanley D. Economos4000 N. Federal Highway, Suite 206Boca Raton, FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.This limited liability company is a Manager managed limited liability company. Any Manager is authorized to bind this limited liability company.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

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.

Howard Friedberg

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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