

L1700052274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

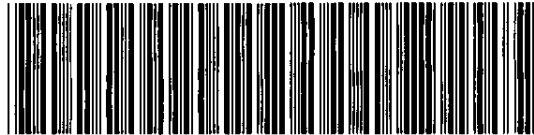
(Business Entity Name)

(Document Number)

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C. GOLDEN
MAR 10 2017

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2017 MAR -9 AM 5:01
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 549761 4311639

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : March 9, 2017

ORDER TIME : 2:50 PM

ORDER NO. : 549761-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: SS BANYAN CAY MANAGER, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
2017 MAR -9 AM 9:01
TALLAHASSEE, FL
STATE OF FLORIDA

FILED

**ARTICLES OF ORGANIZATION
OF
SS BANYAN CAY MANAGER, LLC**

2017 MAR -9 AM 9:01

SECRET
TALLER 41

ARTICLE I: - Name

The name of the Limited Liability Company is **SS BANYAN CAY MANAGER, LLC**

ARTICLE II: - Address

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

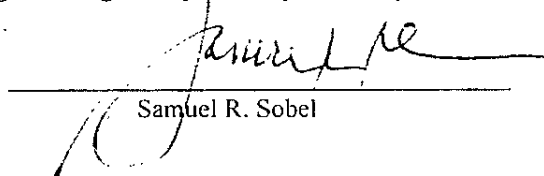
c/o Sobel Co
2385 NW Executive Center Drive, Suite 370
Boca Raton, Florida 33431

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

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

Samuel R. Sobel
c/o Sobel Co
2385 NW Executive Center Drive, Suite 370
Boca Raton, Florida 33431

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.



Samuel R. Sobel

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

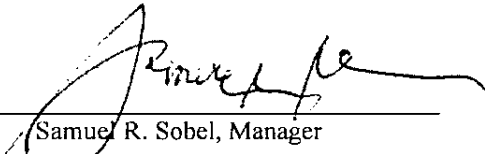
Title:

Name and Address:

MGR

Samuel R. Sobel
c/o Sobel Co
2385 NW Executive Center Drive, Suite 370
Boca Raton, Florida 33431

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on
March 2nd, 2017.



Samuel R. Sobel, Manager

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

2017 MAR -9 AM 9:01
Sobol, Samuel R.
2017 MAR -9 AM 9:01