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C. GOLDEN

APR 19 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 606794-4813875

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : April 19, 2017

ORDER TIME : 1:02 PM

ORDER NO. : 606794-020

CUSTOMER NO: 4813875

DOMESTIC FILING

NAME: MIAMI LAKES DS I 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: \_\_\_\_\_

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I – Name:**

The name of the Limited Liability Company is:

MIAMI LAKES DS I LLC

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TALLAHASSEE, FLORIDA

**ARTICLE II – Address:**

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

<u>Principal/Office Address:</u>	<u>Mailing Address:</u>
c/o Hampshire Companies 22 Maple Avenue Morristown NJ 07960	c/o Hampshire Companies 22 Maple Avenue Morristown NJ 07960

**ARTICLE III – Registered Agent, Registered Office and 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:


Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

*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.*

Corporation Service Company

Melissa Zender  
Asst. Vice President

By:

  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV –**

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

<u>Title</u>	<u>Name and Address:</u>
AMBR	The Hampshire Generational Fund LLC c/o Hampshire Companies 22 Maple Avenue Morristown, New Jersey 07960

**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.

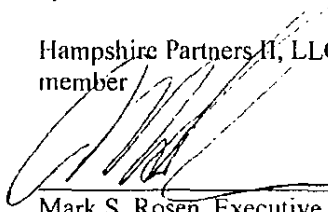
**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

The Hampshire Generational Fund LLC, its sole member

By: Hampshire Partners II, LLC, its managing  
member

By:   
Mark S. Rosen, Executive Vice President

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.

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