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NAME:

HOLLYWOOD EAST OWNER, LLC

TYPE OF FILING: ARTICLES

COST: 155.00

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AUTHORIZATION: \_\_ABBIE/PAUL HODGE

#### COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	HOLLYWOOD EAST OWNER, LLC
JUDJIA, I	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matter to the following:
·	Karen T. Rodriguez
	Name of Person
	Triad Professional Services
	Firm/Company
	1720 Windward Concourse, S. 390
	Address
	Alpharetta, GA 30005
	City/State and Zip Code
	Fmail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Karen Rodriguez 770 777-2091
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
	Siling Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$ (additional copy is enclosed) \$\frac{1}{2}\$\$ (additional copy is enclosed)

Mailing Address
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

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SECRETARY OF STATE

## FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

2017 APR 21 PM 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	ity Company is:		SECRET Tallah
HOLLYWOOD EA	ST OWNER, LLC		Fried Fills
(Must con	tain the words "Limited	Liability Comp	onny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	address of the principal o	ffice of the Li	nited Liability Company is:
Princip	Dal Office Address:		Malling Address:
2665South Bayshor	e Drive, #M102		2665South Bayshore Drive, #M102
Miami, FL 33133			Miami, FL 33133
		Registered Ag	Agent's Signature: gent. You must designate an individual or
(The Limited Liability Company	y cannot serve as its own active Florida registration address of the registered	Registered Agon.)	
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration	Registered Agon.) I agent are:	
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agon.)	
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agon.)  I agent are:  Name	
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered NRAI Services, Inc.	Registered Agon.) I agent are: Name	gent. You must designate an individual or
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registratic address of the registered NRAI Services, Inc. 1200 South Pine Isla	Registered Agon.) I agent are: Name	gent. You must designate an individual or
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registratic address of the registered NRAI Services, Inc.  1200 South Pine Isla Florida street addres	Registered Agon.) I agent are:  Name and Road as (P.O. Box N	OT acceptable)

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 appaintment 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)

(CONTINUED)

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