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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 : EAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
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**FLORIDA LIMITED LIABILITY CO.
SES SUMMIT, LLC**

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

7700317-10145
CORPORATION
STATE OF FLORIDA

FAN: H17000219668 3

ARTICLES OF ORGANIZATION
OF
SES SUMMIT, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is SES SUMMIT, LLC (the "Company").

ARTICLE II - ADDRESS

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
1710 Brickell Avenue	1710 Brickell Avenue
Fort Lauderdale, Florida 33301	Fort Lauderdale, Florida 33301

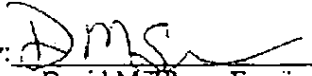
ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A.
660 U.S. Highway One - Third Floor
North Palm Beach, FL 33408

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.

HAILE SHAW & PFAFFENBERGER, P.A.

By: 
David M. Shaw, Esquire

ARTICLE IV — MANAGEMENT

The name and address of the person authorized to manage the Company:

17 AUG 17 17:01:45
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STATE OF FLORIDA

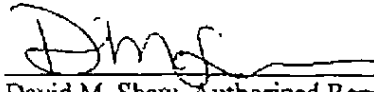
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<u>Title</u>	<u>Name and Address</u>
Manager	Kenneth H. Simigran 1710 Brickell Avenue Fort Lauderdale, Florida 33301

Dated: August 17, 2017

REQUIRED SIGNATURE



David M. Shaw, Authorized Representative

(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 s.817.155, F.S.)