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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

~~BOCA PROPERTY LLC~~ DEL PRADO BOCA REALTY LLC

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August 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS

SUBJECT: DEL PRADO BOCA REALTY LLC
REF: W17000068342

RESUBMISSION

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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JUAN A REYES
Regulatory Specialist II
New Filing Section

FAX Aud. #: E17000218489
Letter Number: 217A00017061

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEL PRADO BOCA REALTY 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>180 SYLVAN AVE. STE. 4</u>	<u>180 SYLVAN AVE. STE. 4</u>
<u>ENGLEWOOD CLIFFS, NJ 07632</u>	<u>ENGLEWOOD CLIFFS, NJ 07632</u>


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:

INTERSTATE AGENT SERVICES, LLC
Name
1540 GLENWAY DRIVE
Florida street address (P.O. Box **NOT** acceptable)
TALLAHASSEE FL 32301
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)

(CONTINUED)

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JACKSONVILLE, FLORIDA

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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

MGRName and Address:MARK FRIEDMAN180 SYLVAN AVE. STE. 4ENGLEWOOD CLIFFS, NJ 07632

(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.

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.

TARA ROSENBAUM

Typed or printed name of signee

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