

Oct. 6. 2017 3:38PM  
Division of Corporations  
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No. 1976 P.  
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Florida Department of State  
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Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
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FLORIDA LIMITED LIABILITY CO.  
SES BLUE LAGOON, LLC

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**ARTICLES OF ORGANIZATION  
OF  
SES BLUE LAGOON, 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 BLUE LAGOON, LLC (the "Company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

1710 Brickell Avenue  
Fort Lauderdale, Florida 33301

Mailing Address:

1710 Brickell Avenue  
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:

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

Dated: October 6, 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.)

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