

NOV-21 2017 TUE 11:25 FAX No. 30104 816  
**L170000240130**

11/21/2017

Division of Corporations

Florida Department of State  
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Account Number : 072262000447  
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Email Address:

FLORIDA LIMITED LIABILITY CO.  
T PLAZA OFFICE LLC

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Fax Audit No.: H170003069033

**ARTICLES OF ORGANIZATION  
OF**

**T PLAZA OFFICE LLC**

THE UNDERSIGNED, pursuant to the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

**ARTICLE I - NAME**

The name of this Limited Liability Company is:

**T PLAZA OFFICE LLC**

**ARTICLE II - DURATION**

The duration of this Limited Liability Company is perpetual.

**ARTICLE III - PURPOSE**

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

**ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY**

The mailing address of the business of this Limited Liability Company is 4420 Beacon Circle, West Palm Beach, FL 33407, and the principal place of business of this Limited Liability Company is 4420 Beacon Circle, West Palm Beach, FL 33407.

**ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is Adam R. Seligman, Esq.

Prepared by: Adam R. Seligman, Esq.  
4420 Beacon Circle  
West Palm Beach, Florida 33407  
Bar No: 22923 ♦ Phone: 561/842-3000

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ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one manager and is therefore a manager - managed limited liability company. The names and addresses of the initial manager is as follows:

Adam R. Seligman                      4420 Beacon Circle  
West Palm Beach, FL 33407

DATED this 21<sup>st</sup> day of November, 2017By: 

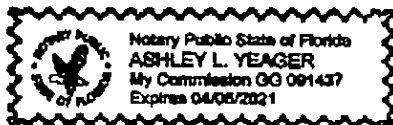
Adam R. Seligman, Manager

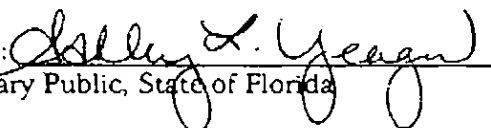
(In accordance with Florida Statutes §605.0205(3) the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are accurate.)

COUNTY OF PALM BEACH    ) ss:  
  )

I HEREBY CERTIFY that on this day, sworn to and subscribed before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Adam R. Seligman, to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that s/he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 21<sup>st</sup> day of November, 2017.



Sign:   
Notary Public, State of Florida

Prepared by: Adam R. Seligman, Esq.  
4420 Beacon Circle  
West Palm Beach, Florida 33407  
Bar No: 22923 ♦ Phone: 561/842-3000

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**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

**ACKNOWLEDGMENT:**

Having been named as registered agent and to accept service of process for T PLAZA OFFICE LLC, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: November 21<sup>st</sup>, 2017.



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Adam R. Seligman, Esq.  
4420 Beacon Circle  
West Palm Beach, Florida 33407