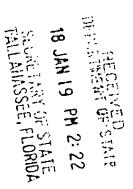
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(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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JAN 2 2 2018 T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 032717 7982721
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 125.00
ORDER DATE : January 19, 2018
ORDER TIME : 1:23 PM
ORDER NO. : 032717-005
CUSTOMER NO: 7982721
DOMESTIC FILING
NAME: VCC DEERFIELD BEACH LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

COVER LETTER

то:	New Filing Section Division of Corporations						
SUBJEC	VCC Deerfield Beach LLC						
SOBSEC		Limited Liabilit	ty Company				
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.				
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:				
	Marsha Romero						
		Name of	Person				
	Cozen O'Connor						
	Firm/Company						
	200 S Biscayne Blvd., Suite 3000						
		Addre	ess				
	Miami, FL 33131						
	mromero@cozen.com	City/State and	d Zip Code				
		sed for future a	nnual report notification)				
For furthe	r information concerning this matter, ple	ase call:					
	Marsha Romero	305	704-5940				
	Name of Person		Daytime Telephone Number				
Enclosed	d is a check for the following amount:						
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	0 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (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				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liab	oility Company is:			
VCC Deerfield B	each LLC			
	ontain the words "Limited	Liability Company,	'L.L.C.," or "LLC.")	
`		, , ,	,	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal of	office of the Limited	Liability Company is:	
Dein	cipal Office Address:		Mailing Addr	*oper
1111	eipar Office Address.		Maning Addi	<u>css</u> .
228 W. Landis A	venue, Suite 300		Box 1517	
Vineland, NJ 081	360	Vine	land, NJ 08362	
ADTICLE III Desistant	Agent Desistanul Office	C. Dagistanad Agan	47 Signaturas	
ARTICLE III - Registered . (The Limited Liability Comp				dividual or
another business entity with			ou must designate air in	arviduar or
		,		
The name and the Florida stre	eet address of the registere	d agent are:		
		C		
	Corporation Service	Name Name		
		Name		
	1201 Hays Street			
		ss (P.O. Box <u>NOT</u> ac	cceptable)	
			- -	
	Tallahassee	FL	32301	
	City	State	Zip	
U antona kanana ana da ara-ta				, t.
Having been named as register place designated in this certific				
further agree to comply with th				
am familiar with and accept the	obligations of my position	as registered agent a	s provided for in Chapter	- 605, F.S
				Roxanne Turner
	1/01/0	` `~		Asst. Vice President
	Darie		(DEOLUBED)	ASSI. VICE FIESIGEIN
	Kegis	tered Agent's Signati	are (REQUIRED)	
		(CONTINUED)		
				,
				<u> </u>
				全部 🗲 🛶
				T L SECRETARY LLAHASSE
				SE 49

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Bernard Brown
	228 W. Landis Avenue, Suite 300
	Vineland, NJ 08360
MGR	John Krauser
	228 W. Landis Avenue, Suite 300
	Vineland, NJ 08360
MGR	Frank Raschilla
	228 W. Landis Avenue, Suite 300
	Vineland, NJ 08360
MGR	Anne Koons
· ·	228 W. Landis Avenue, Suite 300
	Vineland, NJ 08360
(Use attachment if necessary)	
ective date is listed, the date must be spo of filing.) The date inserted in this block does not n	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b of State's records.
ective date is listed, the date must be spoof filing.) (the date inserted in this block does not nument's effective date on the Department)	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
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REQUIRED SIGNATURE: Signature of a me This document is execute 1 am aware that any false constitutes a third degree Christian S. Brun \$125.00 Filing Fee for Articles of Ort \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent