| 18000 | 39855 | |
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| (Requestor's Name) (Address) (Address) | 400308677054 | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 18 FEB 13 AM 4: 27 SECULIARY OF STATE TALLAHASSEE, FLORIDA | |
| Office Use Only | FILED 18 FEB 13 PH 4:00 ALLAHASSEE FLAND | |

M. MOON FEB 1 5 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

068046 7628966 AUTHORIZATION (Socill lenan 130.00

COST LIMIT : US

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ORDER DATE : February 12, 2018

ORDER TIME : 9:42 AM

ORDER NO. : 068046-015

CUSTOMER NO: 7628966

DOMESTIC FILING

NAME: PHM PROVIDENCE MANAGER LLC

EFFECTIVE DATE:

| <u> </u> | ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | SECRET | 18 FEB | |
|----------|---|--------|---------------|---|
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: | ANY D | 13 P | |
| XX | _ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING | | H 4: 00 | C |

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

Articles of Organization

Florida Limited Liability Company

Article I

The name of the Limited Liability Company is: PHM PROVIDENCE MANAGER LLC

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Article II

The street address of the principal office of the Limited Liability Companyis:

1480 ROYAL PALM BLVD. SUITE A ROYAL PALM BEACH, FL. US 33411

The mailing address of the Limited Liability Company is:

1480 ROYAL PALM BLVD. SUITE A ROYAL PALM BEACH, FL. US 33411

Article III

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

CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: LYDIA COHEN, ASST. VICE PRESIDEN 8

Article IV

The name and address of person(s) authorized to manageLLC:

Title: MGR STEVEN J FAIRBANKS 1480 ROYAL PALM BEACH BLVD., STE. A ROYAL PALM BEACH, FL. 33411 US

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Title: MGR RONALD E FRANKLIN 1480 ROYAL PALM BEACH BLVD., STE. A ROYAL PALM BEACH, FL. 33411 US

Signature of member or an authorized representative

Signature: STEVEN J. FAIRBANKS /s/ Steven J. Fairbanks

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED 18 FEB 13 PH 4:00 SEGRETARY OF STATE