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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 083927 5156901 AUTHORIZATION : (COST LIMIT : ORDER DATE: February 23, 2018 ORDER TIME : 4:38 PM ORDER NO. : 083927-005 CUSTOMER NO: 5156901 DOMESTIC FILING NAME: SAWGRASS REAL ESTATE LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

CORPORATION SERVICE COMPANY

XXX ARTICLES OF ORGANIZATION

CERTIFIED COPY
XX PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janet Budhu - EXT. 62032

EXAMINER'S INITIALS:

COVER LETTER

	lew Filing Section division of Corporations					
	Sawgrass Real Estate LLC					
SUBJECT	l':Name	of Limited Liabili	ity Company			
The enclo	sed Articles of Organization and fo	ee(s) are submitted	for filing.			
	urn all correspondence concerning					
	Richard Leska, Esq.					
	,	Name of	Person			
	Meister Seelig & Fein LLP					
		Firm/Co	трапу			
	125 Park Avenue, 7th Floor					
		Adda	rcss			
	New York, NY 10017					
	rcl@msf-law.com	City/State ar	nd Zip Code	ALLY ALLY	18 F	_
		be used for future	annual report notification)	200	83	<u> </u>
For further	information concerning this matte	r, please call:		AUSS AUSS	26	7
	Rich Leska	212 at (655-3582		PH 2:	
	Name of Person	Area Code	Daytime Telephone Number	37 37	: 2	٠٠,.
Enclosed	is a check for the following amou	nt:				
	Filing Fee \$130.00 Filing F Certificate of Si	ee & S155.	00 Filing Fee & \$160.00 Filing Fee & Centificate of Centificate of Centified Copy (additional copy	Status &		
	Mailing Address New Filing Section		Street Address New Filing Section			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED LLABILITY} \ \textbf{COMPANY}.$

ARTICLE I - Name: The name of the Limited Liability C	ompany is:			
Saworass Real Estate	шс			
(Must contain	the words "Limited I	Liability Company, "	L.L.C.," or "LLC.";	 -
ARTICLE II - Address: The mailing address and street addr	ess of the principal o	ffice of the Limited !	liability Company is:	
Principal (Office Address:		Mailing Address	; :
421 Mendnam Road			Meridham Road	
Bernardsville, NJ 079	24	Bern	ardsville, NJ 07924	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	nnot serve as its own ive Florida registratic	Registered Agent. \ on.)	t's Signature: on must designate an indiv	गंताको (भ
The name and the Florida street ad-	dress of the registerer	i agent are:		
	Corporation Service	e Company Name		
	1201 Hays Street	<u>,</u>		
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
Having been named as registered ag place designated in this certificate. I harther agree to comply with the pro- am familiar with and accept the obli-	hereby accept the apprixions of all statutes to gations of my position Corporation Servers	editionent as registere relating to the peoper as registered egen-	ed agent and agree to act m and complete performance is provided for in Chapter b	this capacity. It of my duties, and I 505, F.S.,
	$igcup_{\mathcal{C}}$	(CONTINUED)	Savice Scaling/Asset 4	Ess =
				FILED FEB 26 PH 2:21 ENGLISHED TO THE PHONE PH

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Scott Martin
AGR	421 Mendham Road
	Bernardsville, NJ 07924
	Doming
AMBR	Scott Martin
THE STATE OF THE S	421 Mendham Road
	Bemardsville, NJ 07924
	Voron L. Morrin
AMBR	Karen L. Martin 421 Mendham Road
	Bernardsville, NJ 07924
	Bernardsvine, NJ 07324
(I)	
'Use attachment if necessary)	
	(OPTIONAL)
ective date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Departmen	need the applicable statutory filing requirements, this date will not be fisted as at of State's records.
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