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From:  
Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Ken@wcpartners.com

FLORIDA LIMITED LIABILITY CO.  
SES HOUSING LLC

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## ARTICLES OF ORGANIZATION

OF

### SES HOUSING LLC

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapters 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

#### ARTICLE I — NAME

The name of the professional limited liability company is SES HOUSING LLC (the "Company").

#### ARTICLE II - ADDRESS

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

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:

  
Philip M. DiCorno, Esq.

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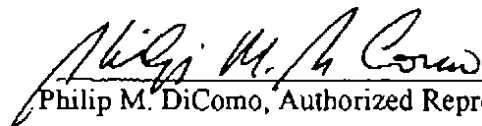
#### ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of each person authorized to manage and control the Company is:

<u>Title</u>	<u>Name and Address</u>
MGR	Ken Simigran 1710 Brickell Avenue Fort Lauderdale, Florida 33301

Dated: February 26, 2018

#### REQUIRED SIGNATURE

  
Philip M. DiComo, 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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