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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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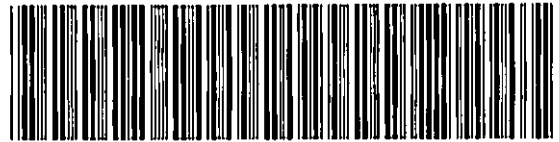
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

D O'KEEFE  
APR 10 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 152995 7628966

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : April 9, 2018

ORDER TIME : 3:49 PM

ORDER NO. : 152995-010

CUSTOMER NO: 7628966

DOMESTIC FILING

NAME: PHM WARWICK 2018 INVESTOR 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: \_\_\_\_\_

**Articles of Organization**  
**Florida Limited Liability**  
**Company**

**Article I**

The name of the Limited Liability Company is:  
PHM WARWICK 2018 INVESTOR LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

c/o PINNACLE HOTEL  
MANAGEMENT COMPANY  
1480 ROYAL PALM BLVD.  
SUITE A  
ROYAL PALM BEACH, FL. US 33411

The mailing address of the Limited Liability Company is:

c/o PINNACLE HOTEL  
MANAGEMENT COMPANY  
1480 ROYAL PALM BLVD.  
SUITE A  
ROYAL PALM BEACH, FL. US 33411

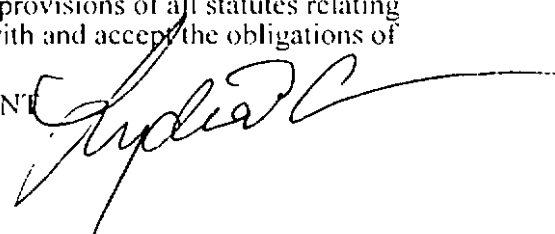
**Article III**

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 PRESIDENT



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## Article IV

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

PHM WARWICK 2018 MANAGER LLC

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

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

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.

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