Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3339 : (954)208-0845 Phone Fax Number

Enter the email address for this business entity to be used for fut $oldsymbol{\mathbb{R}}$ annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

RG Bembury Development, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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MAY 21 2018

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | 1.00.1 | 3, 1 | _ N- | mo. |
|-----|--------|------|------|-----|
| | | | | |

The name of the Limited Liability Company is:

RG Bembury Development, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: | | |
|---------------------------|-----------------------|--|--|
| 6231 Bay Colony Drive | 6231 Bay Colony Drive | | |
| Unit 1904 | Unit.1904 | | |
| Naples, FL 34108 | Naples, FL -34108 | | |

ARTICI.E III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| CT Corporation Syst | em | |
|-----------------------|----------------------------|----------|
| | Name | |
| 1200 South Pine Isla | nd Road | |
| Florida street addres | s (P.O. Box <u>NOT</u> acc | eptable) |
| Plantution . | Florida | 33324 . |
| City | State | Žip |

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 agric 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. James M. Halpin

(CONTINUED)

Registered eagent's Signature (REQUIRED)

Assistant Secretary

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|---|----|------|---|----|-----|

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

| Title: "AMBR" " Authorized Member | Name and Address: | | | |
|---|--|-----------------|--|--|
| "MGR" - Manager MGR | Ronald Goldsmith 6231 Bay Colony Drive, Unit 1904 | | | |
| | Naples, FL 34108 | | | |
| 4-14-14-14-14-14-14-14-14-14-14-14-14-14 | | | | |
| | | | | |
| | | | | |
| (Use attachment if necessary) | | | | |
| ARTICLE V: Effective date, if other than the date of filing: (If an effective date is fisted, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the afthe document's effective date on the Department of State's | examed be more than five business days prior to or 90 depolicable statutory filing requirements, this date will not be | | | |
| ARTICLE VI: Other provisions, if any. | | · , | | |
| | | | | |
| REQUIRED SIGNATURE: | | | | |
| | an authorized representative of a member. | | | |

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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.

Missouri Corporation #2, Inc., By: Dale Schedler, Vice President

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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