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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 237744 4300400 AUTHORIZATION COST LIMIT : C ORDER DATE: May 31, 2018 ORDER TIME : 4:32 PM ORDER NO. : 237744-020 CUSTOMER NO: 4300400 DOMESTIC FILING NAME: 12460 CINQUETERRE 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: Camille Silva - EXT. 62062 EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations	
en pres	12460 Cinqueterre LLC.	
SUBJEC	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Michele K. Leibson, Esq	
	Name of Person	
	Name of Person Co Co Co Co Co Firm/Company Co Co Co Co Co Co Co Co Co C	
	Firm/Company 0	
	One Liberty Plaza	
	Address	
	New York, NY 10006	
	City/State and Zip Code	
	MLeibson@cgsh.com E-mail address: (to be used for future annual report notification)	
For furthe	r information concerning this matter, please call:	
	Michele K. Leibson at (212) 225-2166 Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

,	12460 Cinqueterre LLC (Must contain the words "Limited L	iability Company.	."L.L.C.," or "LLC.")	-
	E II - Address: g address and street address of the principal of	fice of the Limited	Liability Company is:	
	Principal Office Address:		Mailing Address:	
	Lyon Polk, Polk Wealth Management Group	Lyon	Polk, Polk Wealth Management Group	
	Morgan Stanley Private Wealth Management	Morg	an Stanley Private Wealth Management	_
ARTICLE (The Limit	Morgan Stanley Private Wealth Management 1585 Broadway, 22nd Floor, New York, NY 10036 E. H Registered Agent, Registered Office, & ed Liability Company cannot serve as its own lusiness entity with an active Florida registration	1585 Registered Agent.	Broadway, 22nd Floor, New York, NY 10036 nt's Signature:	-
ARTICLE (The Limite another bu	1585 Broadway, 22nd Floor, New York, NY 10036 E III - Registered Agent, Registered Office, & led Liability Company cannot serve as its own l	1585 Registered Age Registered Agent) agent are:	Broadway, 22nd Floor, New York, NY 10036 nt's Signature:	18 HA
ARTICLE (The Limite another bu	1585 Broadway, 22nd Floor, New York, NY 10036 E. III - Registered Agent, Registered Office, & ed Liability Company cannot serve as its own lusiness entity with an active Florida registration and the Florida street address of the registered Corporation Service	1585 Registered Age Registered Agent) agent are:	Broadway, 22nd Floor, New York, NY 10036 nt's Signature:	18 MAY 31
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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

Emily Croft

Registered Agent's Signature (REOFIRED ICE President

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Attn: Lyon Polk AMBR Maria Whhl Same c/o address (Use attachment if necessary) __ (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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. Michele K. Leibson Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)