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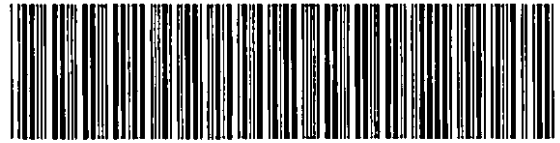
(Business Entity Name)

(Document Number).

Certified Copies _____ Certificates of Status _____

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18 JUN 14 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2018

T SCHROEDER

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

ACCOUNT NO. : I20000000195

REFERENCE : 256166 4369500

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : June 14, 2018

ORDER TIME : 1:23 PM

ORDER NO. : 256166-005

CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: BOYNE/FPC CO-INVESTORS, 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: Emily Croft - EXT. 62925

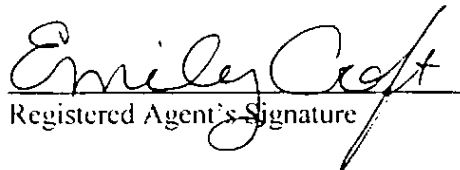
EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
BOYNE/FPC CO-INVESTORS, LLC**

These Articles of Organization (these "Articles") of Boyne/FPC Co-Investors, LLC, are being executed and filed by the undersigned, as the organizer, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

1. The name of the limited liability company is Boyne/FPC Co-Investors, LLC.
2. The street address of the principal office of the limited liability company is 2601 South Bayshore Drive, Suite 1475, Miami, Florida 33133.
3. The mailing address of the limited liability company is 2601 South Bayshore Drive, Suite 1475, Miami, Florida 33133.
4. The name and street address of the registered agent of the limited liability company is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 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 as provided for in Chapter 605, F.S.


Registered Agent's Signature

Emily Croft
Asst. Vice President

5. The name and address of the person authorized to manage and control the limited liability company, as the sole manager, is Derek A. McDowell, 2601 South Bayshore Drive, Suite 1475, Miami, Florida 33133.
6. These Articles shall be effective upon the filing of these Articles.

/s/ Derek A. McDowell

Derek A. McDowell, Authorized Person

(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.)

