

L1800255265

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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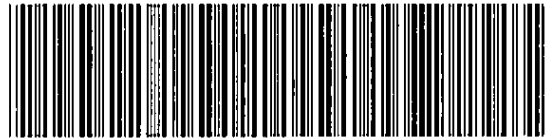
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18 NOV - 1 PM 4:38

18 NOV - 1 AM 9:34

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

ACCOUNT NO. : I20000000195

REFERENCE : 466981 8113042

AUTHORIZATION :

Spencer

COST LIMIT : \$ 125.00

ORDER DATE : October 31, 2018

ORDER TIME : 1:10 PM

ORDER NO. : 466981-005

CUSTOMER NO: 8113042

DOMESTIC FILING

NAME: LINCOLN CYPRESS OAKS GP 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:

12 NOV - 1 AM 9:33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LINCOLN CYPRESS OAKS GP LLC

(Must contain 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:

C/O LINCOLN AVENUE CAPITAL
201 SANTA MONICA BLVD. SUITE 550
SANTA MONICA, CA 90401

Mailing Address:

C/O LINCOLN AVENUE CAPITAL
201 SANTA MONICA BLVD. SUITE 550
SANTA MONICA, CA 90401

ARTICLE 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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City

State

Zip

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.

Corporation Service Company

By

Emily Croft
Registered Agent's Signature (REQUIRED)

Emily Croft

Asst. Vice President

(CONTINUED)

12 NOV - 1 AM 9:35

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JEREMY BRONFMAN

201 SANTA MONICA BLVD., SUITE 550

SANTA MONICA, CA 90401

(Use attachment if necessary)

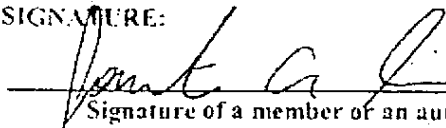
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Jonathan A. Gruskin, 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)

18 NOV - 1 AM 9:33