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(Requestor's Name)	_					
(Address)	_					
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(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
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SECRETAIN OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 549296 4311863

AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE : 12/18/2018

ORDER TIME : 2:32 PM

ORDER NO. : 549296-005

CUSTOMER NO: 4311863

DOMESTIC FILING

NAME: CARDINAL LAND II LLC

ARTICLES OF INCORPORATION

EFFECTIVE DATE:

	CERTIFI ARTICLE	CATE S OF	OF I	IMITE	ED E	ARTNE!	RSHI	[P	
PLEASE	RETURN	THE	FOLLO	WING	AS	PROOF	OF	FILING	:
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CONTACT	PERSON	i - DA	YANN	C TIID	NIEC	EVT	2060	2	

EXAMINER'S INITIALS:

COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	Cardinal Land II LLC	
SUBJECT		Limited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	m all correspondence concerning this	matter to the following:
	Carol Buckalew	
		Name of Person
	Blank Rome LLP	
		Firm/Company
	130 North 18th Street	
		Address
	Philadelphia, PA 19103	
		City/State and Zip Code
-	E-mail address: (to be us	sed for future annual report notification)
For further is	nformation concerning this matter, ple	ease call:
	Carol Buckalew	sed for future annual report notification) ease call: 215 988-6985 Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Cardinal Land II 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: Mailing Address:	
(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:	
(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:	
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The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
Principal Office Address: Mailing Address:	
1300 North Codoral Wighway	
1200 North Federal Highway 1200 North Federal Highway Suite 312 Suite 312	
Boca Raton, FL 33432 Boca Raton, FL 33432	
DOCA 1/41011, 1 E 30402	
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	7
1201 Hays Street	
Florida street address (P.O. Box NOT acceptable)	
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 l	
am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	
Corperation Service Company Roxanne Turner	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Asst. Vice President

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Blickman Properties, Inc. MGR 3701 S. Atlantic Avenue Daytona Beach Shores, FL 32118 (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. Daniel Blickman, V.P. of Blickman Properties, Inc., the Manager 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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