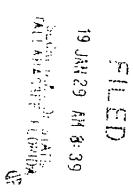
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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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T SCHROEDER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 605822 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: January 29, 2019 ORDER TIME : 11:27 AM ORDER NO. : 605822-005 CUSTOMER NO: 4319480 DOMESTIC FILING NAME: CITRUS CENTER OWNER LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

CORPORATION SERVICE COMPANY

COVER LETTER

то:	New Filing Section Division of Corporations		
CUDIE	Citrus Center Owner LLC		
SUBJE	Name	of Limited Liab	ility Company
The enc	losed Articles of Organization and fee	e(s) are submitte	d for filing.
Please r	eturn all correspondence concerning t	his matter to the	following:
	Max Pastor, Esq.		
		Name o	f Person
	Time Equities, Inc.		
		Firm/C	отрапу
	55 Fifth Avenue, 15th Floor		
		Add	iress
	New York, NY 10003		
	mpastor@timeequities.com	City/State a	nd Zip Code
	· · · · · · · · · · · · · · · · · · ·	e used for future	annual report notification)
For furthe	er information concerning this matter,	please call:	
	Max Pastor	212 at (206-5693
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount	:	
	Filing Fee \$130.00 Filing Fee Certificate of State	e & S155	.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations		Division of Corporations Clifton Building
	P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
Citrus Center Owne		L'ANTE C	. W. I. C. " "I I C."	
(Must conta	iin the words "Limited	Ciability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ac	dress of the principal o	office of the Limite	d Liability Company is	5;
Principa	l Office Address:		Mailing A	address:
c/o Time Equities, I			Time Equities, Inc.	
55 Fifth Avenue, 15			Fifth Avenue, 15th f	loor
New York, NY 1000	3	<u>Ne</u>	w York, NY 10003	
The name and the Florida street a	ddress of the registered			_
	1201 Hays Street			
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	_
	Tallahassee	<u>FL</u>	32301	_
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obt	I hereby accept the app ovisions of all statutes r igations of my position Corporation Serv	ointment as registe elating to the prope as registered agen	red agent and agree to er and complete perfort	act in this capacity. I mance of my duties, and I
	By Regist	ered Agent's Sign	ature (REQUIRED)	

(CONTINUED)



REOUIRED \$125.00 Fill \$ 30.00 Cer	This document is executed I am aware that any false in constitutes a third degree false. Max Pastor	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent
REQUIRED	Signature of a mem This document is executed I am aware that any false in constitutes a third degree for Max Pastor	In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
,	Signature of a mem This document is executed I am aware that any false in constitutes a third degree for Max Pastor	In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
,	Signature of a mem This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes. Iformation submitted in a document to the Department of State
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r. v i. Ouici Di		
ment's effectiv	ve date on the Department of rovisions, if any.	
of filing.)		et the applicable statutory filing requirements, this date will not be
EV: Effective	e date, if other than the date of	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 d
(Use attachme	ent if necessary)	
		
		New York, NY 10003
MGR _		Robert Kantor 55 Fifth Avenue, 15th Floor
		New York, NY 10003
		Francis Greenburger 55 Fifth Avenue, 15th Floor
MGR	inager	Survivi Consultance
"MGR" = Ma MGR	authorized Member	Name and Address: