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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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19 FEB 27 PH 4: 34



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 647418 7569274
AUTHORIZATION:
COST LIMIT : \$ 125.00 30
ORDER DATE : February 26, 2019
ORDER TIME : 2:35 PM
ORDER NO. : 647413-005
CUSTOMER NO: 7569274
DOMESTIC FILING
NAME: CAMBRIDGE FLORIDA HOLDINGS 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: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
Cambridge Florida H	oldings LLC n the words "Limited L	iability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add				
<u>Principal</u>	Office Address:		<u>Mailing Add</u>	ress:
4501 Gulf Shore Bou	levard North	4501	1 Gulf Shore Boulevar	d North
PH 1503	HEVAIO INOITI		1503	
Naples, Florida 3410	3		les, Florida 34103	
another business entity with an ac The name and the Florida street ac		agent are:		
	Corporation Dervice	Name		
	1201 Hays Street			
	Florida street address	s (P.O. Box NOT a	cceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
Having been named as registered at place designated in this certificate. I further agree to comply with the pro am familiar with and accept the obl	hereby accept the apportisions of all statutes re by visions of my position	ointment as register clating to the prope as registered agent	ed ugent and agree to ac r and complete performa as provided for in Chapt —	nce of my duties, and l er 605, F.S
	Corporation Serv	ice Company	Rox	xanne Turner

(CONTINUED)

Registered Agent's Signature (REQUIRED)

19 FEB 27 AM 9: 50
SECRETARY OF STATE
PALLAHASSEE STATE

Asst. Vice President

Andrew J. Czokaj 4501 Gulf Shore Boulevard, PH 1503 Naples, Florida 34103 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirementa, this date will not be listed as ament's effective date on the Department of State's records. (ILE VI: Other provisions, if any. (REQUIRED SIGNATURE Signature of a nember 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. Andrew J. Czekaj Typed or printed name of signee FILING Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.000 Certified Copy (Options)		Name and Address:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGK			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		4501 Gulf Shore Boulevard, PH 1503		
LE V: Effective date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ament's effective date on the Department of State's records. LE 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. Andrew J. Czekal Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		Naples, Florida 34103		
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ARTICLE IV-