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(Do	cument Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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SECRETARY DE STATE
TALLAHASSEE DE STATE

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 893170 AUTHORIZATION : COST LIMIT : ORDER DATE : August 21, 2019 ORDER TIME : 3:38 PM ORDER NO. : 893170-005 CUSTOMER NO: 7227993 DOMESTIC FILING NAME: COMET BEACHWALK, LLC EFFECTIVE DATE: __ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX _ PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Roxanne Turner - EXT.

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJ	Comet Beachwalk, LLC
5000	Name of Limited Liability Company
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David Kahan
	Name of Person
	David Kahan, P.A.
	Firm/Company
	6420 Congress Ave., Suite 1800
	Address
	Boca Raton, Florida 33487
	City/State and Zip Code david@dkpalaw.com
	E-mail address: (to be used for future annual report notification)
For furth	her information concerning this matter, please call:
	David Kahan 561 672-8330 at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.0	Some process of Status
	Mailing Address New Filing Section Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Comet Beachwalk, LLC	
(Must contain the words "Limited I.	Liability Company, "L.L.C.," or "LLC.")
CLE II - 'Address;	
iling address and street address of the principal of	fice of the Limited Liability Company is:
ining address and street address of the principal of	nee of the thinned thatbinly Company is.
Principal Office Address:	Mailing Address:
	,
Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

Name

6420 Congress Ave., Suite 1800

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

Boca Raton Florida 33487

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ALLAHARRY OF STATE

<mark>Title:</mark> "AMBR" = Authorized Men "MGR" = Manager	Name and Address:
MGR	David Kahan
	6420 Congress Ave., Suite 1800
	Boca Raton, Florida 33487
MĠR	D
WOK	Bernard Danzansky 6420 Congress Ave., Suite 1800
	Boca Raton, Florida 33487
	BOCA RAION, FIORIDA 3348/
	
	
Use attachment if necessary	
ctive date is listed, the date f filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 ses not meet the applicable statutory filing requirements, this date will not artment of State's records.
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CV: Effective date, if other the crive date is listed, the date if filing.) the date inserted in this block tent's effective date on the I	st be specific and cannot be more than five business days prior to or 90 ness not meet the applicable statutory filing requirements, this date will no

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

David Kahan