2019-08-26 12:17:38 CST   16144554862 From: James Tanks III

Division of Corporations

Florida Department of State
Division of Corporations
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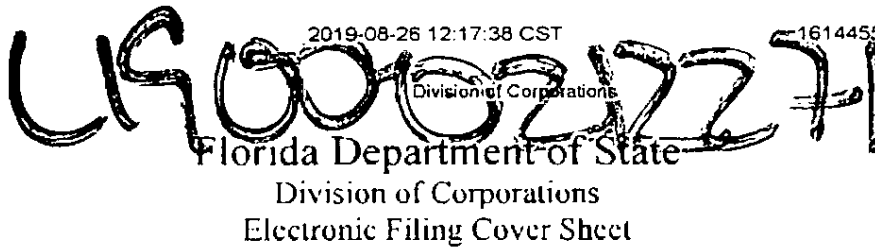
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To:

    Division of Corporations
    Fax Number   : (850)617-6381

From:

    Account Name   : C T CORPORATION SYSTEM
    Account Number : FCA000000023
    Phone   : (614)280-3338
    Fax Number   : (954)208-0845

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

    Email Address:_____

FLORIDA LIMITED LIABILITY CO.
Shoreline Place, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

2019 AUG 26 AM 8: 57

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Shoreline Place, 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:**
1330 Collins Avenue #1	16885 Dallas Parkway
Miami Beach, Florida 33139	Addison, Texas 75001

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:

CT Corporation System
                  Name

1200 South Pine Island Road, #250
Florida street address (P.O. Box **NOT** acceptable)

Plantation	FL	33324
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..

Michael E. Jones, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: Name and Address:
"AMBR" = Authorized Member
"MGR" = Manager
MGR   James A. Cavanaugh, Jr.
                                                16885 Dallas Parkway
                                                Addison, Texas 75001

(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.
The limited liability company is created to transact any and all lawful business for which limited liability companies
may be organized under the laws of Florida

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.

James A. Cavanaugh, Jr. 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)