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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

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DATE:

02-04-20

NAME: CANYON PARK APARTMENTS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB -4 AM 10: 09

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Canyon Park Apartments LLC		
(Must conatin 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:	
c/o Stratford Management	c/o Stratford Management	
585 Boylston Street, 4th Floor	585 Boylston Street, 4th Floor	
Boston, MA 02116	Boston, MA 02116	

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:

TRAC - The Registe	red Agent Company	
	Name	
236 E. 6th Avenue		
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32303
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address: er
"MGR" = Manager MGR	Andrew Gordon c/o Stratford Management 585 Boylston Street, 4th Floor, Boston, MA 02116
	SECKETARY OF STATE ALLAHAR EE, FL
(If an effective date is listed, the date is	
REQUIRED SIGNATURE:	@~~
This docume	ure of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.

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)