Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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. WORTH RIVER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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COVER LETTER

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SUBJECT	Worth Rive	er, LLC			
oomec.	·	Name of Li	mited Liabil	іtу Сотрапу	
The enclos	sed Articles of	Organization and fee(s) a	re submitted	l for filing.	
Please retu	ım all correspo	ondence concerning this m	atter to the	following:	
	J. Edward M	loreno			
			Name of	Person	
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	221 N. Kans	us, Suite 1700			.
		₩ NASA NO MA	Add	ess	~
	El Paso, Tex	cas 79901			
	Alma a sa a		City/State ar	nd Zip Code	
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□\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ied Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H20000184544

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Worth River, 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: 2300 PGA Blvd, Palm Beach Gardens, FL 33410 P.O. Box 840, Artesia, NM 88211 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.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

City

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

CAPITOL CORPORA	TE SERVICES,	INC
	Name	
515 EAST PARK AV	ENUE 2ND FL	
Florida street address	(P.O. Box NOT	acceptable)
TALLAHASSEE	FL	32301

State

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

Zip

Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Registered Agent's Signature (REQUIRED)

(CONTINUED)

H20000184544

Title: "AMBR" – Authorized Member "MGR" – Manager	Name and Address:
- MGR -	Scott Yates 2300 PGA Blood Palm Beach Gambons FL-13410
MGR	Jill Yares 2300 PGA Blvd. Palm Beach Gardens, PL 13410
MOR	Roberto Roybel P.O. Box 840. Artesia, NM 88211
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(Use attachment if necessary) EV: Effective date, if other than the	
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Depar EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
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EV: Effective date, if other than the fective date is listed, the date must of filling.) If the date inserted in this block document's effective date on the Depart River, LLC is a manager-manager. RECUMED SIGNATURE: Signature of This document is I am ewere that are	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not the first of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.