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**To:**

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

**From:**

Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-9166  
Fax Number : (305) 347-7766

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**FLORIDA LIMITED LIABILITY CO.  
SHAG GROVE MANOR APARTMENTS, LLC**

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|-----------------------|----------|
| Certificate of Status | 1        |
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**ARTICLES OF ORGANIZATION  
OF  
SHAG GROVE MANOR APARTMENTS, LLC,  
a Florida limited liability company**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**SHAG GROVE MANOR APARTMENTS, LLC**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company are:

1100 NW 4th Avenue,  
Delray Beach, FL 33444

**ARTICLE III - Registered Agent and Office address**

The name and the street address of the initial registered agent of the limited liability company are:

CORPORATION COMPANY OF MIAMI,  
a Florida corporation  
200 S. Biscayne Blvd  
Suite 4100 (GJC)  
Miami, Florida 33131

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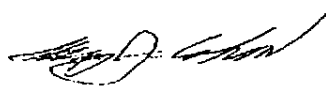
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**REGISTERED AGENT'S ACCEPTANCE**

Having been named as registered agent to accept service of process for the above-stated limited liability company at the address designated in the Articles of Organization, the undersigned corporation hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and is familiar with and accepts the obligations of its position as registered agent, as provided for in Chapter 605, Florida Statutes.

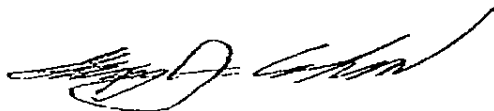
Dated: September 30, 2020

CORPORATION COMPANY OF MIAMI,  
a Florida corporation



By: \_\_\_\_\_  
Name: Gary J. Cohen  
Title: Vice President

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this 30th day of September, 2020.



\_\_\_\_\_  
Gary J. Cohen, Authorized Representative

(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 Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

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