1/30/2020



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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.

Fmail	Address:			

FLORIDA LIMITED LIABILITY CO.

Loggerhead Resort, LLC

Certificate of Status	U
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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Loggerhead Resort, 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:

Mailing Address: Principal Office Address: 11650 Olio Road, Suite 1000-353 Fishers, IN 46037

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:

C T Corporation System Nanic

1200 South Pine Island Road

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

Florida Plantation State City

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.

C T Corporation System

Sandra Zwijack, 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	
AMBR	CDECRE: LLC
	231 S. LaSalle Street, 13th Floor Chicago, 1L 60604
MGR	Lisa Rapchak
	11650 Olio Road, Suite 1000-353 Fishers, IN 46037
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(Use attachment if necessary)	<u>楽</u> 計 5
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ARTICLE V: Effective date, if other than the date	of filing: (OPTIONAL)
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of aime	mber or an authorized representative of a member.
This document is execut	Ned in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any falso	: information submitted in a document to the Department of State
constitutes a third degree	e felony as provided for in s.817.155, F.S.
Mary Cunningha	m
1. con 4 Collection	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)
\$ 5.80 Certificate of Status (Optional)