12/9/2020

Division of Corporations

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.

(((H20000420792 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

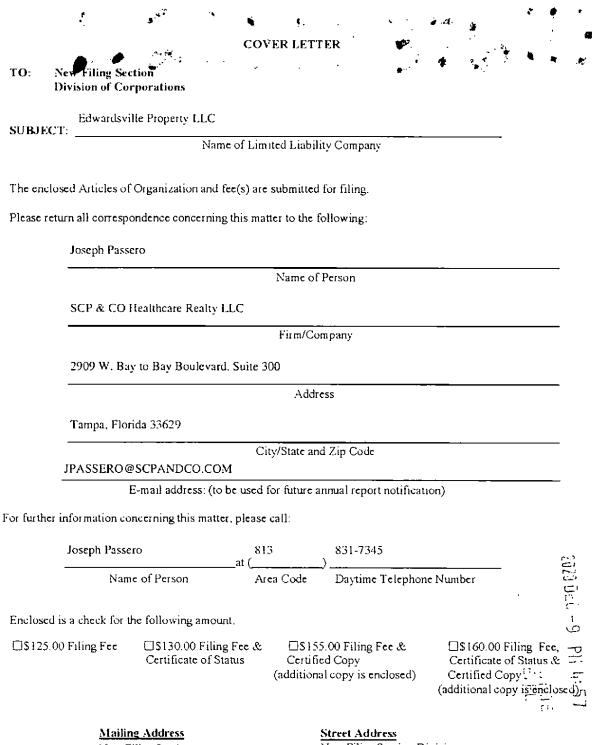
Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email	Address:					
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FLORIDA LIMITED LIABILITY CO. EDWARDSVILLE PROPERTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

3/004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of t	- Name: he Limited Liability	Company is:					
Ec	lwardsville Property	LLC					
	(Must conati	n the words "Limited	Liability Comp	oany, "L.L.C.," or "LLC.")			
ARTICLE II The mailing a		lress of the principal	office of the Lir	nited Liability Company is.			
	Principal Office Address:			Mailing Address:			
	2909 W. Bay to Bay Boulevard, Suite 300 Tampa, Florida 33629			2909 W. Bay to Bay Boulevard, Suite 300 Tampa, Florida 33629			
(The Limited	Liability Company c	nt, Registered Office annot serve as its ow tive Florida registrat	n Registered Ag	Agent's Signature: ent. You must designate an	individual or		
The name and	I the Florida street ac	ldress of the registere	ed agent are:				
		Corporation Service	е Сотрапу				
			Name				
		1201 Hays Street					
	Florida street address (P.O. Box NOT acceptable)						
		Tallahassee	FL	32301	_		
		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..

Corporation Service Company

By Elizabeth Kitchen, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 DEC -9 PK 4:57

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

Name and Address:

SHR CURIS LLC 2909 W. Bay to Bay Boulevard, Suite 300 Tampa, Florida 33629

ARTICLE IV-

"MGR" - Manager

MGR

"AMBR" = Authorized Member

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	_
(Use attachment if necessary)	
(ODTIONAL)	
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	OA days ufter
the date of filing.)	20 days anter
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will require	not be listed as
the document's effective date on the Department of State's records.	
ARTICLE VI: Other provisions, if any.	
REOURED SIGNATURE: Anna Kunz	
Name Nung	
Signature of a member or an authorized representative of a member.	_
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute	S .
I am aware that any false information submitted in a document to the Department of Sta constitutes a third degree felony as provided for in s.817.155, F.S.	ic
Anne Kunz	2
Typed or printed name of signee	926
Filing Fres:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)