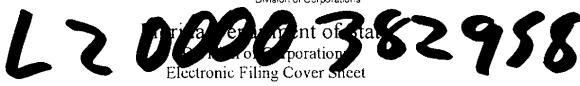
12/11/2020

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.

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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:__

FLORIDA LIMITED LIABILITY CO.

Downs Property LLC

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

Electronic Filing Menu Corporate Filing Menu

Derick Thompson

Julyhozo

COVER LETTER TO: New Filing Section **Division of Corporations** Downs Property LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Passcro Name of Person SCP & CO Healthcare Realty LLC Firm/Company 2909 W. Bay to Bay Boulevard, Suite 300 Address Tampa, Florida 33629 City/State and Zip Code JPASSERO@SCPANDCO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Passero Name of Person Daytime Telephone Number Enclosed is a check for the following amount. □\$125.00 Filing Fee □\$155.00 Filing Fee & □\$130.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

3/004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Downs Property LLC (Must conatin the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
 E II - Address: ing address and street address of the principal office o	f the Limited 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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

TallahasseeFL32301CityStateZip

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 November 1 Elizabeth Kitchen, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

4/004

(Use attachment if necessary) (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	Title: "AMBR" - Authorized Member "MGR" - Manager	Name and Address:
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	<u>MGR</u>	SHR CURIS LLC 2909 W. Bay to Bay Boulevard, Suite 300 Tampa, Florida 33629
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:		
ICLE V: Effective date, if other than the date of filing:		
effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becament's effective date on the Department of State's records. CLE VI: Other provisions, if any.	(Use attachment if necessary)	
	effective date is listed, the date must be ate of filing.) If the date inserted in this block does no	e specific and cannot be more than five business days prior to or 90 days a of meet the applicable statutory filing requirements, this date will not be list
PEOURED SIGNATURE:		
PEOURED SIGNATURE:	CLE VI: Other provisions, if any.	
DECHIDED SIGNATURE:	CLE VI: Other provisions, if any.	
	CLE VI: Other provisions, if any.	

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

S 5.00 Certificate of Status (Optional)

Anne Kunz