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Florida Department of State
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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

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

Email Address: GCohen@shutts.com

FLORIDA LIMITED LIABILITY CO.
SHAG ST. JOSEPH, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

Handwritten signature and date: 9/1/21

2021-09-01 15:09:15

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

SHAG ST. JOSEPH, LLC

ARTICLE II - Address

The street address of the principal office of the Limited Liability Company is:

1100 NW 4th Avenue,
Delray Beach, FL 33444

The mailing address of the principal office of the Limited Liability Company is:

1100 NW 4th Avenue,
Delray Beach, FL 33444

ARTICLE III - Registered Agent and Office

The name and street address of the initial registered agent of the Limited Liability Company are:

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

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REGISTERED AGENT 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 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.

Date: September 1, 2021

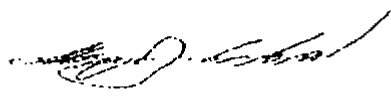
CORPORATION COMPANY OF MIAMI,
a Florida corporation


By: _____

Name: Gary J. Cohen

Title: Vice President

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this 1st day of September, 2021.



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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