12000/177880

(Requestor's Name)
(Address)
(Address)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 646322 4319480 AUTHORIZATION : COST LIMIT : ORDER DATE: April 28, 2022 ORDER TIME: 8:44 AM ORDER NO. : 646322-005 CUSTOMER NO: 4319480 DOMESTIC FILING BOYNTON BEACH TOWN CENTER NAME: APARTMENTS LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO:

New Filing Section

Div	ision of Cor	perations				
SUBJECT:	Boynton Be	each Town Center.	Apartme	ents LLC		
SODJECT		Nam	e of Lim	ited Liabil	ity Company	
The enclosed	d Articles of	Organization and f	ee(s) are	submitted	for filing.	
Please return	all correspo	ondence concerning	this ma	tter to the f	ollowing:	
1	Philip Brody					
-				Name of	Person	
	Time Equitie	s, Inc.				
-		· -		Firm/Co	mpany	
;	55 Fifth Ave	nue, 15th Floor				
_				Addr	ess	
i	New York, N	Y 10003				
- di	einberg@tin	neequities.com	Ci	ty/State an	d Zip Code	
	E	E-mail address: (to l	be used	for future a	nnual report notificati	ion)
For further inf	ormation co	ncerning this matter	r. please	call:		
þ	hilip Brody			2	206-6011	
_	Name	e of Person			Daytime Telephon	
Enclosed is a	i check for th	ne following amoun	t:			
□\$125,00 F	iling Fee	□\$130.00 Filing Certificate of Sta		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee et, Suite 810
	Tallaha	issee, FL 32314			Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

2022 APR 29 PM 1: 28

Bovnton Beach Town Center Apartments LLC	_	TALL AHASSEE, FI
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")	0	

ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limite	ed Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
c/o Time Equities, Inc			Time Equities, Inc.
55 Fifth Avenue, 15th New York, NY 10003	Floor		Fifth Avenue, 15th Floor w York, NY 10003
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	rannot serve as its ow tive Florida registrati ddress of the registere	n Registered Agent ion.) ed agent are:	. You must designate an individual or
	Corporation Service	Name	
	1201 Hays Street Florida street addre	ss (P.O. Box <u>NOT</u>	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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., Corporation Service Company

Llycus Weiford, assistant va presaint 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" = Authoriz "MGR" = Manager	2ed Member
MGR	Robert Kantor c/o Time Equities, Inc., 55 Fifth Avenue, 15th Floor New York, NY 10003
<u>MGR</u>	Francis Greenburger c/o Time Equities, Inc., 55 Fifth Avenue, 15th Floor New York, NY 10003
	APR 29 PH
(Use attachment if no	ecessary)
(If an effective date is listed, t the date of filing.) Note: If the date inserted in t	if other than the date of filing:
ARTICLE VI: Other provision	ns, if any,
REQUIRED SIGNA	ATURE: Signature of a member or an authorized representative of a member.
I am	document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, aware that any false information submitted in a document to the Department of State titutes a third degree felony as provided for in s.817.155, F.S.
	Philip Brody 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)
\$ 5.00 Certificate of Status (Optional)

- \$ 5.00 Certificate of Status (Optional)