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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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.

FCI Development Twenty, LLC

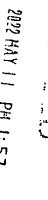
Certificate of Status	1
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Corporate Filing Menu

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

FCI Development Twenty, 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:

Principal Office Address:

Mailing Address:

 2199 Ponce de Leon Blvd., Suite 401
 P.O. Box 3435

 Coral Gables, FL 33134
 West Palm Beach, FL 33401

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:

Corporate Creations Network Inc.

Name

801 U.S. Highway I

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

North Palm Beach FL 33408

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_1 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.

Carlos M Alvarez, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 HAY 11 PH 1:51

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	FCI Residential Corporation 2199 Ponce de Leon Blvd., Suite 401 Coral Gables, FL 33134
(Use attachment if necessary)	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than t	the date of filing: (OPTIONAL) > st be specific and cannot be more than five business days prior to or 90 days
te of filing.)	es not meet the applicable statutory filing requirements, this date will not be li
te of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be li

Signature of a member or an authorized representative of a member. 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Benjamin L. Sadler, Authorized Representative 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)