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 : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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.

Centro Place Essential Housing LLC

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

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DocuSign Envelope ID: E07AF73F-53CC-48E6-A37F-F00E93912E8E

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Centro Place Essential Housing 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:	Mining Address:
2 Cooper Street, 14th Floor	P.O. Box 90708
Camden, New Jersey 08102	Camden, New Jersey 08101
, , , , , , , , , , , , , , , , , , , ,	

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:

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..

Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DocuSign Envelope ID: E07AF73F-53CC-48E5-A37F-F00E93912E8E

AMBR = Authorized Member *MGR* = Manager AMBR John J. O'Donnell 2 Cooper Street, 14th Floor Camden, New Jersey 08101 **CLE V: Effective date, if other than the date of filing:	That is		No. 1 Addition		
(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:		Member	Name and Address:		
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