To:

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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:			
Email:	Address:			

## FLORIDA LIMITED LIABILITY CO.

# Sabal Chase Essential Housing LLC

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

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DocuSign Envelope ID: 288FD241-E1E1-4E09-9234-A8399AC988AF

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

RT	E	7	Ma	m

The name of the Limited Liability Company is:

Sabal Chase 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:

Mailing 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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation	Florida	33324
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Sandra Zigal

Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Title:		Name and Address:
"AMBR" = Authoriz "MGR" = Manager	zed Member	
AMBR		John J. O'Donnell
		John J. O'Donnell 2 Cooper Street, 14th Floor
		Camden, New Jersey 08101
	•	·
* ***		
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<del> </del>		
(Use attachment if no		ate of filing: (OPTIONAL)
CLE V: Effective date, effective date is listed, to te of filing.)  If the date inserted in the comment's effective date	if other than the da the date must be s his block does no on the Departmen	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b nt of State's records.
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