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. Victoria Park Essential Housing LLC

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

13

10/31/2022 1:29 PM

Fax: 12159779386

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Fax: (850) 617-6381

DocuSign Envelope ID: E0C2361C-10D5-4450-AC84-4DD6148D8C6F

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Victoria Park Essential Housing LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")

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 Syst	em	
•	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box NOT acc	eptable)
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.

> South Jugal Sandra Zwijack, Assistant Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

To:

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AMBR" = Autl		Name and Address:
"MGR" = Mana	get	
AMBR	 	John J. O'Donnell 2 Cooper Street, 14th Floor
		Camden, New Jersey 08101
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RTICLE V: Effective d an effective date is list date of filing.) te: If the date inserted document's effective of TICLE VI: Other prov	in this block does not date on the Department isions, if any. GNATUBE is the both state of the Department is some date on the Department is executant aware that any false.	meet the applicable statutory filing requirements, this date will not be listed at of State's records. Obtail Description

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)