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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 554504 4319480 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: March 8, 2023 ORDER TIME : 12:56 PM ORDER NO. : 554504-035 CUSTOMER NO: 4319480 DOMESTIC FILING BOYNTON BEACH TOWN CENTER NAME: SOUTH APARTMENTS III LLC **EFFECTIVE DATE:** _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

COVER LETTER

	on of Corporations		
B. SUBJECT:	oynton Beach Town Center South A	partments III LLC	
SUBSECT:	Name of Lin	ited Liability Comp	any
The enclosed A	rticles of Organization and fee(s) are	submitted for filing	<u>.</u> .
Please return al	l correspondence concerning this ma	tter to the following	:
Me	linda Rubenstein, Esq.		
		Name of Person	
c/o	Time Equities, Inc.		
		Firm/Company	
55	Fifth Avenue, 15th Floor		
		Address	
Nev	w York, NY 10003		
·······	C penstein@timeequities.com	ty/State and Zip Co	de
	E-mail address: (to be used	for future annual res	port notification)
For further inform	nation concerning this matter, please		•
Mel	inda Rubenstein, Esq. 21	206-60	067
			me Telephone Number
Enclosed is a ch	neck for the following amount:		
□\$125.00 Filii	ng Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Copy (additional copy is	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Cen 2415 N.	ddress ng Section Division tre of Tallahassee Monroe Street, Suite 810 see, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
Boynton Beach Town	Center South Apartm	ents III LLC			
(Must conat	in the words "Limited	Liability Com	pany, "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal (office of the Li	mited Liability Company is:		
Principal Office Address:			Mailing Address:		
e/o Time Equities, Inc.			c/o Time Equities, Inc.		
55 Fifth Avenue, 15th New York, NY 10003	<u> </u>		55 Fifth Avenue, 15th Floor New York, NY 10003		
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own	n Registered A	gent. You must designate an	individual or	
The name and the Florida street a	ddress of the registere	d agent are:			
Corporation Service Company					
		Name			
	1201 Hays Street				
Florida street address (P.O. Box NOT 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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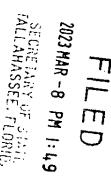
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"MGR" = M	Authorized Member anager
<u>MGR</u>	Robert Kantor c/o Time Equities, Inc., 55 Fifth Avenue, 15th Floor New York, NY 10003
MGR	Francis Greenburger c/o Time Equities. Inc., 55 Fifth Avenue, 15th Floor New York, NY 10003
	ent if necessary) re date, if other than the date of filing:
an effective date is date of filing.) <u>te:</u> If the date inse	listed, the date must be specific and cannot be more than five business days prior to or 90 days after red in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
TICLE VI: Other p	rovisions, if any.
REOUIREE	SIGNATURE: Melinda Kubensteine
	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.
	Melinda Rubenstein. Esa. 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)



COVER LETTER

	New Filing Sec Division of Co					
SUBJEC		each Town Center Sou	th A	partments l	II LLC	
300000	··	Name of	Lim	ited Liabili	ty Company	
The enclo	sed Articles of	Organization and fee(s	з) аге	submitted	for filing.	
Please ret	urn all correspo	ondence concerning thi	s ma	tter to the f	ollowing:	
	Melinda Rul	penstein, Esq.				
		 		Name of	Person	
	c/o Time Eq	uities. Inc.				
				Firm/Co	mpany	
	55 Fifth Ave	enue, 15th Floor				
				Addr	2SS	
	New York, I	NY 10003				
	mrubenstein@	timeequities.com	Ci	ty/State an	d Zip Code	
		E-mail address: (to be u	sed	for future a	nnual report notificati	ion)
For further	information co	ncerning this matter, pl	ease	call:		
•		,21		206-6067		
			ea Code			
Enclosed	s a check for t	he following amount:				
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status			☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address			Street Address	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303