Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617~6381

From:

Account Name : COMPUTERSHARE 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.

r11	Address:			
emall	Address:			

FLORIDA LIMITED LIABILITY CO. Selvitz Road Property Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Selvitz Road Property Owner, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
E II - Address; ng address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address:
ng address and street address of the principal office	

The name and the Florida street address of the registered agent are:

	Name	
2141 S Alternate Al	IA, Suite 440	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Jupiter	FL.	33477

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Mei	nber	
"MGR" = Manager		
MGR	Enc M. Levitt	
	2141 S Alternate A1A, Suite 440	- -
	Jupiter, FL 33477	•
MGR	David Berg c/o Greenspring Realty Partners, LLC	_
	1212 York Road, Suite C300	_
	Timonium, MD 21093	-
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		-
		•
		-
		-
date of filing.)	·	•
Trene vir one povision, i an	,	
REQUIRED SIGNATURE	a. M. Quit	
Signa	ture of a member or an authorized representative of a member.	
	ent is executed in accordance with section 605,0203 (1) (b), Florida Statutes.	
	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817,155, F.S.	
Eric	M. Levin	
	Typed or printed name of signee	20.
	Pillian Paris	23
C135 no Pilian Pag for to	Filing Fees:	<u></u>
3123.00 FIIII9 FCC 10F AT	THE TOTAL OF THE PROPERTY OF T	0

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)