# lorida Department of State

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(((H24000044577 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089 Phone Fax Number : (302)674-52<del>6</del>6

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

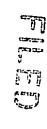
# FLORIDA LIMITED LIABILITY CO.

Topaz Tuscana TIC 3 LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	-	N	8	me	:
The name of	tt	ıe	Ī.	imi	te

The name of the Limited Liability Company is:

Topaz Tuscana TIC 3 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:

1460 Broadway, 12th Floor	1460 Broadway, 12th Floor
New York, NY 10036	New York, NY 10036
	····

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:

NRAI Services, Inc.		
	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..

NRAI Services, Inc.

By: /s/ Tina Lipko

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED M24FEB -2 PN 3: 1 SECRETAL STATE

# H24000044577 3

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AP	Marc Hershberg
М	1460 Broadway, 12th Floor
	New York, NY 10036
<del></del>	
V: Effective date, if other than the tive date is listed, the date must liling.)  ne date inserted in this block does	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
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