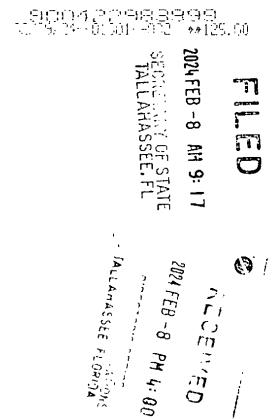
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## CORPORATE Whe

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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SUBJECT		er Park, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Organization and fee(s) are	e submitted for filing.	
Please rett	ım all corresp	ondence concerning this ma	atter to the following:	
	Emilia R. Ak	ridge		
			Name of Person	
	Crown Hold	ings Group, LLC		
			Firm/Company	
	4243 Dunw	oody Club Drive, Suite 200		
			Adcress	
	Atlanta, GA	30350		
			ity/State and Zip Code	
		crownhgroup.com E-mail address: (to be used	for future annual report notificat	ion)
For further i		ncerning this matter, please	·	кл,
	Emilia R, Ak		770 391-1233	
	Nam	ne of Person A	rea Code Daytime Telephon	ie Number
Enclosed i	s a check for t	he following amount:		
(XS125.00	) 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	
		iling Section on of Corporations	New Filing Section De The Centre of Tallahi	
	P.O. B	ox 6327	2415 N. Monroe Stre	et, Suite 810
	Tallah	assee, FL 32314	Tallahassee, FL 3230	3

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

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Crown River Park, LLC

(Must contain the words "Limited Liability Company, "L.I.,C.," or "L.I.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:** 

4243 Dunwoody Club	Duve	4243 Dunwoody Club Drive		
Suite 200		Suite 200	· · · · · · · · · · · · · · · · · · ·	
Atlanta	GA 30350	Atlanta	GA 30350	

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:

Registered Agents I	Name	
7901 4th St N		STE 300
Florida street addres	ss (P.O. Box <u>1</u> (	OT acceptable)
St. Petersburg	FL	33702
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company with 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 diffest and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

David Coverts

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 Member "MGR" = Manager			
MGR	Moshe Marioah		
	4243 Dunwoody Club Drive, Suite 200		
	Atlanta, G/A 30350		
MGR	Blair G. Schlossberg		
WOIL	4243 Durwoody Club Drive, Suite 200		
	Atlanta GA 30350		
	700ma. O/1 30370		
AR	Smile D. Alexano		
	Emilia R. Akridge 4243 Durwoody Club Drive, Suite 200		
	Atlanta G.4 30350		
	Addition O.4 50550		
(If an effective date is listed, the date must be the date of filing.)	te of filing:		
REQUIRED SIGNATURE:	2. aleridal		
This document is exec I am aware that any fai	nember or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.		
Emilia	Akridge		
	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)

S 5.00 Certificate of Status (Optional)