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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305) 672-0686
Fax Number : (305) 672-9110

LIMITED LIABILITY COMPANY

ONE NORTH RENAISSANCE GP, LLC

Certificate of Status	1
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Page Count	04
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**ARTICLES OF ORGANIZATION
(FOR FLORIDA LIMITED LIABILITY COMPANY)**

OF

ONE NORTH RENAISSANCE GP, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: ONE NORTH RENAISSANCE GP, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

400 Clematis Street, Suite 205
West Palm Beach, Florida 33401

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the member(s) and the name(s) and address(es) of the managing member(s) is/are:

David W. Frisbie
3604 North Flagler Drive
West Palm Beach, FL 33407

ARTICLE V - Admission of Additional Members:

The right to admit additional members and the terms and conditions of the admissions shall require the consent and approval of the managing member.

Richard B. Comiter
Fla Bar # 330027
222 Lakeview Ave, #800
West Palm Beach FL 44301
561-838-4505

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ARTICLE VI - Members' Rights to Continue Business:

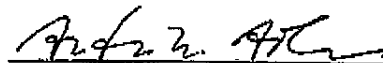
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

ARTICLE VII - Affidavit of Membership and Contributions:

The undersigned member or authorized representative of a member of ONE NORTH RENAISSANCE GP, LLC certifies:

1. The above named limited liability company has at least one (1) member;
2. The total amount of cash to be contributed by member(s) is One Thousand Dollars (\$1,000.00).
3. The aggregate amount of cash and other property anticipated to be contributed by member(s) is One Thousand Dollars (\$1,000.00).



Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Andrew M. Aiken, Authorized Representative of
David W. Frisbie

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

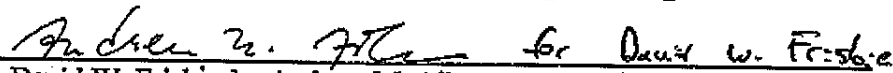
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ONE NORTH RENAISSANCE GP, LLC.
2. The name and the Florida street address of the registered agent are: DAVID W. FRISBIE, 400 Clematis Street, Suite 205, West Palm Beach, Florida 33401.

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.


David W. Frisbie by Andrew M. Aiken, Attorney-in-Fact
Signature

Filing Fee: \$35 for Designation of Registered Agent

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