

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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FLORIDA PROFIT/NON PROFIT CORPORATION LEMURIA VENTURES INC

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N. SAMS

JAN 1 5 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRI	NCIPAL OFFICE Principal street address	М	ailing address, if different is:
00 CONROY WI	NDERMERE RD, SUITE 200	9100 CON	ROY WINDERMERE RD, SUITE 200
ndermere, fi	. 34786	WINDERM	IERE, FL 34786
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number of shares	<u>4RES</u> 1000 of stock is:		<u></u>
number of shares FICLE V INI Name and T Address	ARES of stock is: TIAL OFFICERS AND/OR DIRECTORS itle: PRAKASH RAMACHANDRAN-DIR 9100 Conroy Windermere Rd, Suite 200	Name and Title: Address: Name and Title:	· Ü
number of shares TICLE V INI Name and T Address Name and Ti	ARES 1000 THAL OFFICERS AND/OR DIRECTORS PRAKASH RAMACHANDRAN-DIR 9100 Conroy Windermere Rd, Suite 200 WINDERMERE, FL 34786	Name and Title: Address: Name and Title:	· Ü
number of shares TICLE V INI Name and T Address Name and Ti Address	of stock is: TIAL OFFICERS AND/OR DIRECTORS	Name and Title: Address: Name and Title: Address:	· Č.)

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
		····	
	REGISTERED AGENT	Cat a catalogue de casas fac	
Name:	Torida street address (P.O. Box NOT acceptable) PRAKASH RAMACHANDRAN	of the registered agent is:	<u>ੂ</u> ਹ
Address:	9100 Conroy Windermere Rd, Suite 200		: :
	WINDERMERE, FL 34786	_	C1
ARTICLE VII	INCORPORATOR		i Çə
The name and a	ddress of the Incorporator is:		<u>ت</u> ت
Name:	PRAKASH RAMACHANDRAN	<u></u>	.•
Address:	9100 Conroy Windermere Rd, Suite 200	- -	
	WINDERMERE, FL 34786	 .	
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)	
(If an effective of filing.)	fother than the date of filing:	ot be more than five days prior of	r 90 days after the
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Having been nat this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	gistered agent and agree to act in t	at the place designated t his capacity
	Required Signature/Registered Agent	01	/15/2019
	Required Signature/Registered Agent		Date
f submit this doc document to the	cument and affirm that the facts stated herei <mark>n are</mark> Department of State constitutes a third degree felo c	true. I am aware that the false in ny as provided for in s.817.155, F.S	formation submitted in
	200 A Charles	0	1/15/2019
Requi	red Signature/Incorporator		Date

%:currentDate(,,\$)% %:currentTime(,,\$)% Harmon, Jacqueline L. Foley & Lardner LLP Page 1

	Harmon,
Jacqueline L.	
Tampa, FL	

Fax

To:	850-617-6381	From:	Harmon, Jacqueline L.
Fax:	850-617-6381	Pages:	3
Phone		Date:	1/15/2019
Re:	(((H19000017350 3))) - B Mariner 504A,	LLC	

• Comments:

Attached please find Articles of Organization for B Mariner 504A, LLC. Please contact me with any questions - Jacque Harmon (813-225-4183 or jharmon@foley.com).