

**HO300002080**

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From: GAIL S. ANDRE**

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

**LIMITED LIABILITY COMPANY**

**UNIVERSITY CENTROPLEX, LLC**

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Certificate of Status	0
Certified Copy	
Page Count	61
Estimated Charge	\$145.00

**ARTICLES OF ORGANIZATION**  
**OF**  
**UNIVERSITY CENTROPLEX, LLC**

**ARTICLE I - NAME**

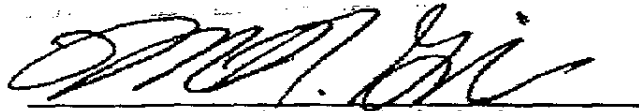
The name of this limited liability company is UNIVERSITY CENTROPLEX, LLC ("Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1516 E. Colonial Drive, Suite 101, Orlando, Florida 32803.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Michael R. Gibbons.



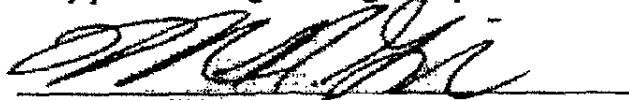
Signature of a Member or an Authorized Representative of a Member

Michael R. Gibbons

Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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 608, Florida Statutes.



Michael R. Gibbons

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