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

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
 Account Number : I20020000094
 Phone : (770)777-2091
 Fax Number : (770)220-1943

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

1629-WEKIVA, LLC

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107-19911
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[Signature]

ARTICLES OF ORGANIZATION

OF

1629-WEKIVA, LLC

ARTICLE I
NAME

The name of the limited liability company is 1629-Wekiva, LLC.

ARTICLE II
ADDRESS

The mailing address and the street address of the principal office of the limited liability company is: 639 East Ocean Avenue, Suite 406, Boynton Beach, FL 33435.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and street address of its initial registered agent for service of process in the state are: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

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.

NRAI Services, Inc

By: Mary Paris

In Witness Whereof, the undersigned has executed these Articles of Organization this 21st day of February 2007.

By: Mary Paris
Authorized Representative of Member

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