

L 10000130858

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

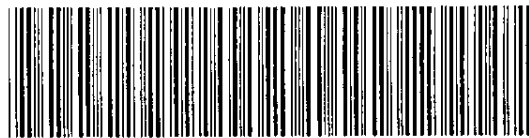
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. KOHR
DEC 23 2010
EXAMINER

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SECRETARY OF STATE
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10 DEC 23 PM 3:14

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILE SECOND!

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SECRETARY OF CORPORATIONS
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CONTACT: KATIE WONSCH

DATE: 12/23/2010

REF. #: 000176.138786

CORP. NAME: LOFTON ISLAND GP LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 537844 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

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- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 23 PM 3: 14

**ARTICLES OF ORGANIZATION
OF
LOFTON ISLAND GP LLC**

(a Florida limited liability company)

Pursuant to Florida Statutes §608.407, the undersigned hereby submits the following Articles of Organization of **LOFTON ISLAND GP LLC** for the purpose of forming a limited liability company under the laws of the State of Florida as of December 23, 2010.

ARTICLE I.

Name

The name of the Limited Liability Company is "**Lofton Island GP LLC**" (the "**Company**").

ARTICLE II.

Principal Office

The mailing address and street address of the principal office of the Company is: 912 Channelside Drive, Tampa, Florida 33602.

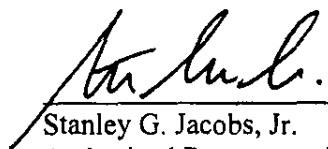
ARTICLE III.

Registered Agent

The name of the initial registered agent of the Company is **NRAI Services, Inc.**, and the street address of the Company's initial registered agent is **2731 Executive Park Drive, Suite 4, Weston, Florida 33331**.

[SIGNATURE ON THE FOLLOWING PAGE]

IN WITNESS WHEREOF, the undersigned authorized representative has executed these
Articles of Organization.



Stanley G. Jacobs, Jr.
Authorized Representative

Acceptance of Appointment of Registered Agent

NRAI SERVICES, INC., having been named the Registered Agent of LOFTON ISLAND GP LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 608 of Florida Statutes.

NRAI SERVICES, INC.

By: Katie Wonsch

Name: Katie Wonsch

Title: Assistant Secretary

Date: 12/23/2010