

#L 12000023363

From: Fallace & Larkin LLC

02/16/2012 10:33

#826 P. 01/002

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FALLACE & LARKIN, L.C.
Account Number : I20000000191
Phone : (321) 951-9900
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FLORIDA LIMITED LIABILITY CO.
Hickory Plaza Associates, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

K. SALLY
EXAMINER
FEB 17 2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is: **Hickory Plaza Associates, LLC**

ARTICLE II – ADDRESS

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

Principal Office Address:

678 Reisterstown Road
Baltimore, MD 21208

Mailing Address:

678 Reisterstown Road
Baltimore, MD 21208

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

David G. Larkin
1900 S. Hickory Street, Ste. A
Melbourne, FL 32901

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, F.S.



ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)

Title:

Name and Address:

"MGR" = Manager
"MGRM" = Managing Member

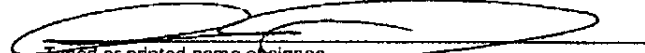
MGRM

Carl J. Verstandig
678 Reisterstown Road
Baltimore, MD 21208

Required Signature:


Signature of a member or an authorized representative of a member

(In accordance with § 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for me in § 871.155, Fla. Stat.)


Typed or printed name of signee