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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE FLORIDA

AUG - 5 2014

T. HAMPTON



**STOLL
KEENON
OGDEN**
PLLC

300 WEST VINE STREET
SUITE 2100
LEXINGTON, KY 40507-1801
MAIN: (859) 231-3000
FAX: (859) 253-1093

JAMIE MONTAGUE
DIRECT DIAL: 859-231-3035
jamie.montague@skofirm.com

July 31, 2014

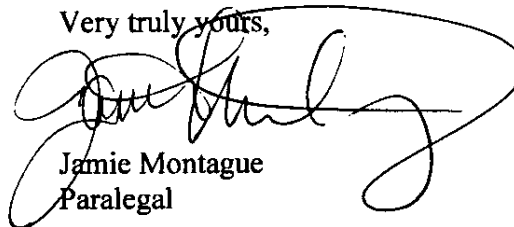
Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Organization
Avocado Beach, LLC

Dear Sir or Madam:

Enclosed you will find a Cover Letter, Articles of Organization for Florida Limited Liability Company, check for filing fee in the amount of \$125, and a prepaid return envelope. Please file the Articles and return the acknowledgement letter to me. If you need anything further or have any questions, please do not hesitate to contact me.

Very truly yours,



Jamie Montague
Paralegal

JM
Enclosures

118196.149448/4276844.1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avocado Beach, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan M. Rose

Name of Person

STOLL KEENON OGDEN PLLC

Firm/Company

300 W. Vine St., Suite 2100

Address

Lexington, KY 40507

City/State and Zip Code

dan.rose@skofirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Montague

Name of Person

at (859) 231-3035

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avocado Beach, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2313 The Woods Lane
Lexington, KY 40502

2313 The Woods Lane
Lexington, KY 40502

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:

Ellen Moelis

Name

19955 N/E 38th Court, Unit 2204

Florida street address (P.O. Box **NOT** acceptable)

Aventura,

FL 33180

City

Zip

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Liz Harris

2313 The Woods Lane

Lexington, KY 40502

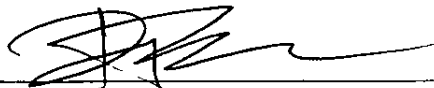
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 in s.817.155, F.S.)

Dan M. Rose

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FLORIDA