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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : GREENBERG TRAUPIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 955-7600  
Fax Number : (561) 338-7099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: WOLFE@RESOURCE-GROUP.NET

FLORIDA LIMITED LIABILITY CO.  
Simple Life Lakeshore, LLC

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMP  
ANY SIMPLE LIFE LAKESHORE, LLC**

**ARTICLE I – NAME:** The name of the limited liability company is SIMPLE LIFE LAKESHORE, LLC (the "Company").

**ARTICLE II – ADDRESS:** The mailing address of the principal office of the Company is 135 Second Avenue North, Jacksonville Beach, Florida 32250. The street address of the principal office of the Company is 135 Second Avenue North, Jacksonville Beach, Florida 32250.

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:** The name and the Florida street address of the Company's registered agent are:

Michael T. McCann  
135 Second Avenue North  
Suite 3  
Jacksonville Beach, Florida 32250

*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 in Chapter 605, Florida Statutes.*



Michael T. McCann

**ARTICLE IV –** The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Michael T. McCann 135 Second Avenue North, Suite 3 Jacksonville Beach, Florida 32250

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**REQUIRED SIGNATURE:**



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Michael J. McCann, Authorized Person

(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.)