

12/7/2006 3:08:20 PM

Hodge, Valerie R.

Foley & Lardner LLP

Page 2

Division of Corporations

Page 1 of 1

L0600017116

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000290452 3)))



H060002904523ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

RECEIVED

06 DEC -7 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

5355 SHAWLAND ROAD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

06 DEC -7 AM 9:33

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H06000290452 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**The name of the Limited Liability Company is: **5355 Shawland Road, LLC.****ARTICLE II - Address:**The mailing address and street address of the principal office of the Limited Liability Company are:
5355 Shawland Road, Jacksonville, Florida 32254.**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

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

James R. Clark

Name

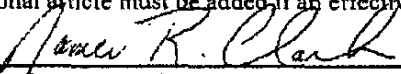
142 Madison StreetFlorida street address (P.O. Box NOT acceptable)**Jacksonville, FL 32204**

City, State, and 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 completed 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.

x 
James R. Clark

(An additional article must be added if an effective date is requested)

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

(In accordance with section 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.)

James R. Clark, authorized representative

Typed or printed name of signer

FILING FEES:**\$100.00 Filing Fee for Articles of Organization****\$25.00 Designation of Registered Agent****\$30.00 Certified Copy (OPTIONAL)****\$5.00 Certificate of Status (OPTIONAL)**

Fax Audit No. H06000290452 3

JACK_569899.1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -7 AM 9:33