Florida Department of State

Division of Corporations
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From:

Account Name : HILL, WARD & HENDERSON, P.A. II

Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)221-2900 SECHEDER OF STATE

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LIMITED LIABILITY COMPANY

Hogan Palms LLC

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Certificate of Status	i
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the limited liability company is:

HOGAN PALMS, LLC

ARTICLE II - Address

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

101 East Kennedy Boulevard Suite 4000 Tampa, Florida 33602

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by its members.

ARTICLE V - Registered Office/Registered Agent

The name of the Limited Liability Company's registered agent is Raymond E. Mills and his address is 101 East Kennedy Boulevard, Suite 4000, Tampa, Florida 33602.

> Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> > Raymond E. Mills, authorized representative of a member Typed or printed name of signee

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<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or SECTION 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Hogan Palms LLC

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

Raymond E. Mills 101 East Kennedy Boulevard, Suite 4000 Tampa, Florida 33602

Having been named 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.

Raymond E/Mills

Date:____

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