Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4003

From:

Account Name : WATTERSON, HYLAND, BAIRD & KLETT

Account Number: 073410002775 Phone

Fax Number

: (561)627-5000 : (561)627-5600

LIMITED LIABILITY COMPANY

CAMPUS DEVELOPMENT, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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ARTICLES OF ORGANIZATION FOR CAMPUS DEVELOPMENT, LLC a Florida Limited Liability Company

The undersigned, being authorized to execute and files these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is: Campus Development, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 1901 N.W. 67th Place, Suite C, Gainesville, Florida 32653.

ARTICLE III

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

ARTICLE IV

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

Jack J. Copani, II, at 2531 Lalique Circle, Palm Beach Gardens, Florida 33410

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, Florida Statutes.

ARTICLE V

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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.

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RETARY OF STATE
ANASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE

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

The name of the Limited Liability Company is:

CAMPUS DEVELOPMENT, LLC

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

Jack J. Copani, II 2531 Lalique Circle Palm Beach Gardens, Florida 33410

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, Florida Statutes.

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