CORPORATE L0000011182

CORPORATE \ ACCESS, /

236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| CERTIFIED COPY | cus |
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| PHOTO COPY | V _{FILING} // (|
| 1.) FOR Partners (CORPORATE NAME & DOCUMENT #) | Fourteen, L.L.C. |
| 2) | |
| (CORPORATE NAME & DOCUMENT #) | 1000034080514 -03/28/0001045020 ****125.00 *****125.00_ |
| (CORPORATE NAME & DOCUMENT #) | |
| 4.)(CORPORATE NAME & DOCUMENT #) | 7A 1 0 C |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

FOG Partners Fourteen, L.L.C.

| The mailing address and street address of the principal office of the Limited Liability 1745 W. Fletcher Ave. | y Company is: |
|---|---|
| Tampa, Florida 33612 | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign | ature: |
| The name and the Florida street address of the registered agent are: | • |
| Michael P. Rice | |
| 1745 W. Fletcher Avenue | |
| Florida street address (P.O. Box NOT acceptable) | · · · · · · · · · · · · · · · · · · · |
| City, State, and Zip | · · · · · · · · · · · · · · · · · · |
| Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the protect statutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 6. Registered Agent's Signature | ntment as provisions of all liar with and |
| Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more man therefore, a manager - managed company. | nagers and is, |
| | |
| (An additional article must be added if an effective date is requested | ed) |
| Signature of a member or an authorized representative of a memb | ****** |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuthat the facts stated herein are true.) Nichael P. Rice Typed or printed name of signee | APRKOV FILED 00 SEP 23 PY SECHETA JUNE ALLAHA JUNE ALLAHA JUNE |
| 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) | VETI 13:12 STATE LORIDA |