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Division of Corporations

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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From: GAIL S. ANDRE'

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED

Account Number : 072720000036

Phone : (407) 843-4600

Fax Number : (407) 843-4444

**PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION WITH AN EFFECTIVE DATE OF TODAY, NOVEMBER 21, 2000, AND RETURN TO ME A CERTIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

GAIL ANDRE'

## LIMITED LIABILITY COMPANY

STONEWOOD FALLS VILLAGE, LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
STONEWOOD FALLS VILLAGE, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is STONEWOOD FALLS VILLAGE, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 140 South Atlantic Avenue, Suite 300, Ormond Beach, Florida 32176.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Casey M. Cavanaugh.

\_\_\_\_\_  
Signature of an Authorized Representative of a Member

Casey M. Cavanaugh

\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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.

\_\_\_\_\_  
Casey M. Cavanaugh