

Division of Corporations

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**L20000014346**

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : MICHAEL A. PYLE, P.A.  
Account Number : I200000000053  
Phone : (904) 615-9007  
Fax Number : (904) 676-2615

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**LIMITED LIABILITY COMPANY****LORD MACDUFF, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
LORD MACDUFF, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **LORD MACDUFF, LLC**

**ARTICLE II  
ADDRESS**

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

**913 Nixon Lane  
Port Orange, FL 32129**

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

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

**Michael A. Pyle  
1265 W. Granada Boulevard, Ste. 1  
Ormond Beach, FL 32174**

**ARTICLE IV  
MANAGEMENT**

This company is to be a manager-managed company.

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**IN WITNESS WHEREOF**, the undersigned Authorized Representative has executed these Articles of Organization on this 23<sup>rd</sup> day of August, 2001.

  
**ALICE STANLEY**, Authorized Representative

(In accordance with Section 608.408(2), 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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### **ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

  
**MICHAEL A. PYLE**, Registered Agent

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