

**L01000021349**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

405

From:  
Account Name : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904)359-2000  
Fax Number : (904)359-8700

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**LIMITED LIABILITY COMPANY**  
**INDUSTRIAL LANDS, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **INDUSTRIAL LANDS, L.L.C.**

**ARTICLE II - Address of Principal Office:**

The street address of the principal office of the Limited Liability Company is:  
6950 Philips Highway, Suite 6, Jacksonville, Florida 32216.

**ARTICLE III - Mailing Address of Limited Liability Company:**

The mailing address of the Limited Liability Company is 6950 Philips Highway, Suite 6, Jacksonville, Florida 32216.

**ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature:**

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

John J. Allen  
Name  
6950 Philips Highway, Suite 6  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville, FL 32216  
City, State, and Zip

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*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 completed 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, F.S.*

John J. Allen  
Date: 12/10/01, 2001

**Article V - Management (Check box if applicable.)**

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

John J. Allen  
Signature of a member or an authorized representative of a member  
John J. Allen, authorized representative

(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.)

\_\_\_\_\_  
Typed or printed name of signee

**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)