

# LO2000000256

## Florida Department of State

Division of Corporations

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**To:**

Division of Corporations

Fax Number : (850) 205-0383

**From:**

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

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## LIMITED LIABILITY COMPANY

IVEY ESTATES 65'S, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
IVEY ESTATES 65'S, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is IVEY ESTATES 65'S, LLC.

**ARTICLE II – Address:**

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

8401 JR Manor Drive  
Suite 100  
Temple Terrace, Florida 33634

**ARTICLE III –Management:**

The Limited Liability Company is to be managed by a manager or managers.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(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.)

Paul R. Lynch  
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is IVEY ESTATES 65'S, LLC.
2. The name and the Florida street address of the registered agent are:

Paul R. Lynch  
101 East Kennedy Blvd., Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Signature