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Account Number : I20000000053

: (386)615-9007 Phone : (386)676-2615 Fax Number

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### LIMITED LIABILITY COMPANY

LAKESIDE PROFESSIONAL CENTER, LLC

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### ARTICLES OF ORGANIZATION

#### OF

# LAKESIDE PROFESSIONAL CENTER, 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

The name of the Limited Liability Company is:

### LAKESIDE PROFESSIONAL CENTER, LLC

### ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is: 1265 W. Granada Boulevard, Suite 1, Ormond Beach, Florida 32174

### ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is: Michael A. Pyle, 1265 W. Granada Boulevard, Suite 1, Ormond Beach, Florida 32174

# ARTICLE IV MANAGEMENT

This company is to be a manager-managed company.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this  $8^{\circ}$  day of January, 2002.

MICHAEL A. PYLE

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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