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Division of Corporations

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Florida Department of State

Division of Corporations

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To:

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Fax Number : (850) 205-0383

From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE
Account Number : 105543000740
Phone : (904) 798-3700
Fax Number : (904) 354-4459

AL

LIMITED LIABILITY COMPANY

ESTATES MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
ESTATES MANAGEMENT, LLC**

Pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of this limited liability company (the "Company") shall be ESTATES MANAGEMENT, LLC.

**ARTICLE II
ADDRESS**

The mailing address and the street address of the principal office of this Company shall be 500 LeMaster Drive, Ponte Vedra Beach, FL 32082

**ARTICLE III
REGISTERED AGENT**

The initial registered office of the Company shall be 50 North Laura Street, Suite 2500, Jacksonville, FL 32202, and its initial registered agent at such office shall be MOTOLAW, Inc.

**ARTICLE IV
MANAGEMENT OF THE COMPANY**

This Company will be a member-managed company managed by one of its members in accordance with and subject to the requirements of the Act and the Operating Agreement of this Company.

IN WITNESS WHEREOF, the undersigned, being the Managing Member of this Company has executed these Articles of Organization on behalf of this Company in accordance with §608.407(4) of the Act.

By: Peter O. Larsen
Peter O. Larsen, Managing Member

Dated this 15th day of February, 2002.

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**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

ESTATES MANAGEMENT, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates MOTOLAW, Inc., as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 50 North Laura Street, Suite 2500, Jacksonville, FL 32202.

Dated this 15th day of February, 2002.

Peter O. Larsen
Peter O. Larsen, Managing Member

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Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 15th day of February, 2002.

MOTOLAW, Inc.

Peter O. Larsen
Peter O. Larsen, Vice President

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