Division of off ratios OCO 17 Page 16

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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AL

To:

Division of Corporations

Fax Number : (850)205-0383

from:

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

Fax Number : (904)359-8700

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DIVISION OF CORPORACIO

043074/0105/0597

LIMITED LIABILITY COMPANY

Levyland LLC

Certificate of Status	0
Certified Copy	1
Page Count	01

Fax Audit No. H02000045862

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Levyland LLC

ARTICLE II - Address:

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

914 Atlantic Avenue Fernandina Beach, Florida 32034

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

F&L Corp Name

The Greenleaf Building, 200 Laura Street

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32202-3510 City, State, and Zip

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 may duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Charles V. Hedrick, Authorized Signatory

Article IV - Management (Check box if applicable.)

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

(An additional article must be added an effective date is requested)

Signature of a member or ar an ized representative of a member

(In accordance with section 608.40) (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

<u>John T.</u> Sefton

Typed or printed name of signee

FILING PEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Stams (OPTIONAL)