

Florida Department of State

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To:

Division of Corporations

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Farom:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640 "VISION OF CORPORATION

LIMITED LIABILITY COMPANY

PLANTATION VILLAGE OF CLAY COUNTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

OF

PLANTATION VILLAGE OF CLAY COUNTY, LLC

These Articles of Organization are submitted for the purpose of forming a limited tiability company pursuant to Florida Limited Liability Company Act, Chapter 608 Florida Statutes, as the same may from time to time be amended (the "Act").

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ARTICLE I

The name of this limited liability company (the "Company") is:

PLANTATION VILLAGE OF CLAY COUNTY, LLC

ARTICLE II

The initial mailing address of the Company is Post Office Box 7779, Jacksonville, Florida 32238. The initial street address of the principal office of the Company is 6215 Wilson Blvd. Jacksonville, Florida 32210.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and street address of the initial registered office of the Company for service of process in the State of Florida is as follows:

Gresham R. Stoneburner
One Independent Drive, Suite 2000
Jacksonville, Florida 32202

Propared by Gresboan R. Stonehmmer, Esquire Stonehorner Verry & Simmons P.A. One Independent Delve, Suite 2000 Lacksewille, Flarido 12202 604) 154-5888 Flarida Hor No. 0300186

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ARTICLE IV MANAGEMENT

The Company is to be a manager-managed Company.

ARTICLE V OPERATING AGREEMENT

The members shall have the power to adopt, alter, amend or repeal an operating agreement as contemptated by the Act (the "Operating Agreement"). The Operating Agreement adopted by the member(s) may be amended, repealed, or altered or after Operating Agreement may be adopted, from time to time by the member(s). E, PLONID

ARTICLE VI LIMITED LIABILITY

No member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, fort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

PLANTATION VILLAGE OF CLAY COUNTY, LLC

William B. Towers, Jr.

A Member

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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:

PLANTATION VILLAGE OF CLAY COUNTY, LLC

The name and the Florida street address of the Registered Agent are: 2.

> Gresham R. Stoneburner One Independent Drive, Suite 2000 Jacksonville, FL 32202

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 of Registered Agent

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