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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON  
Account Number : 076656002425  
Phone : (407)843-7860  
Fax Number : (407)843-6610

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02 DEC 10 AM 7:52  
DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**VP RESIDENCES 200, LLC**

**AL**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

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02 DEC 10 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of this limited liability company is **VP RESIDENCES 200, LLC** (the "Company").

**ARTICLE II - Address**

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

1701 Park Center Drive  
Orlando, Florida 32835

**ARTICLE III - Existence and Duration**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Secretary of the State of Florida, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management**

The Company is a manager-managed Company.

**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Company is:

Christopher Gibson  
1701 Park Center Drive  
Orlando, Florida 32835

11/27/2002

(Date)

By: 

Christopher Gibson, Authorized Representative

(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.)

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**REGISTERED AGENT ACCEPTANCE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, Florida Statutes.

**CHRISTOPHER GIBSON, Registered Agent**

By: \_\_\_\_\_

Christopher Gibson

11/27/2002  
(Date)

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