

LO3000000351

Owen Tracey  
P.O. Box 470877  
Lake Monroe, FL 32747-0877

Phone: 407-328-1186

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

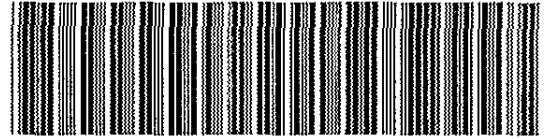
(Business Entity Name)

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Effective Date -  
01-01-03

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1-6-03

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: DEVON SHIELD SHOPPING CENTER Ltd.Co.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
P.O. BOX 470877 , LAKE MONROE, FL. 32747.

348 SUMMERVILLE LANE, SANFORD. FL. 32771

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

The name and the Florida street address of the registered agent are: OWEN TRACEY  
348 SUMMERVILLE LANE. SANFORD. FL. 32771

Owen Tracey  
Name

348 SUMMERVILLE LANE, SANFORD. FL. 32771  
Florida street address (P.O. Box **NOT** acceptable)  
FL

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 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, F.S..*

Owen Tracey  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

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 if an effective date is requested)

V I EFFECTIVE DATE JANUARY 1 - 2003 Owen Tracey  
Signature of a member or an authorized representative of a member.

(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.)

OWEN TRACEY  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)